

Diabetic Foot Off-loading Algorithm[®]

Patient with Diabetes

No ulceration

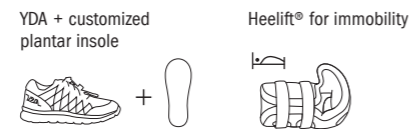
Foot with no risk

- No neuropathy, no vasculopathy, no deformity



Foot at risk and foot at high risk

- Neuropathy and/or vasculopathy and/or foot deformity and/or preulcerative sign



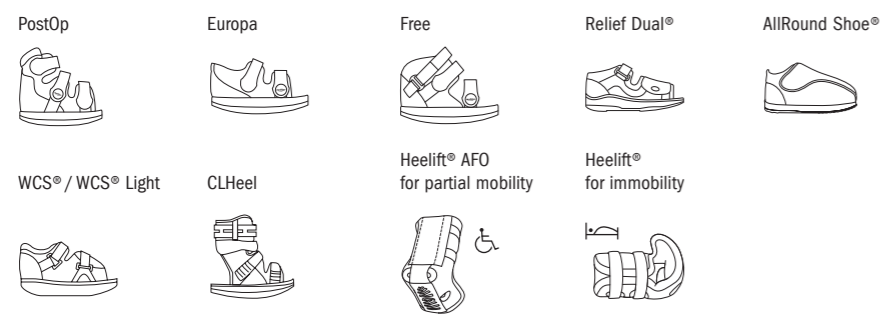
Foot at very high risk

- Neuropathy and/or vasculopathy + severe deformity or history of ulceration



Prophylactic Surgery and curative surgery

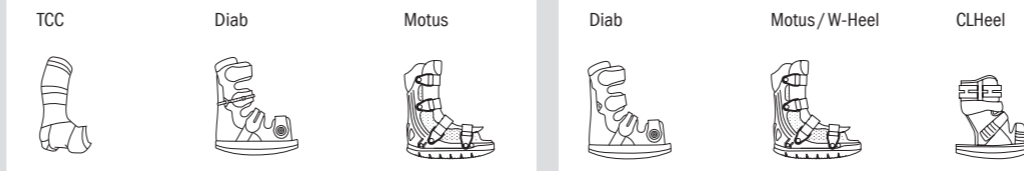
- Prophylactic surgical correction (post deformity correction)



Ulceration

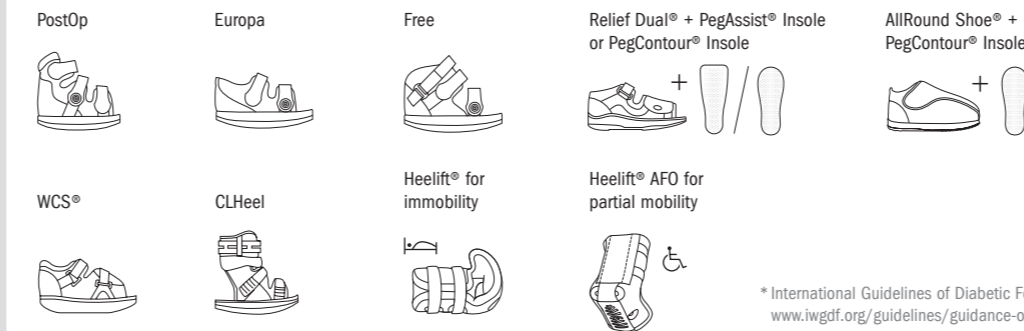
Neuropathic wounds

Recommendation I*



Recommendation II*

Recommendation III*



* International Guidelines of Diabetic Foot: www.iwgdf.org/guidelines/guidance-on-footwear-and-offloading-2015

Ischemic wounds > Infected ulceration / wound >

Before and after revascularization
Mild / Moderate / Severe (together with a correct treatment of the infection)



Charcot foot

Acute phase

- Complete Off-bearing
Rigid Cast + Wheelchair



Convert from acute to chronic



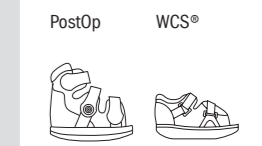
Chronic phase

MAC 2 or customized shoes (in case of severe deformity) + customized plantar insole

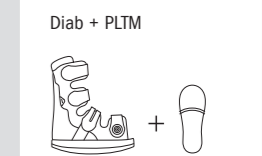


Minor amputation management

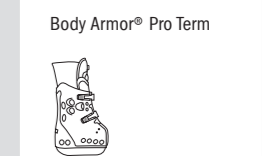
Toe I - V



Transmetatarsal



Lisfranc / Chopart / Syme



- = Prevention
- = Acute
- = Chronic

Essential Bibliography: A. Piaggese et al, Foot & Ankle International, April 15, 2016, vol. 37, Issue 8, 2016 | A. Piaggese, Diabetes Care, March 2007, vol. 30, no. 3 586-590 | J. Donnelly, JWC, vol. 20, Number 7, July 2011 | R. Dahmen, Diabetes Care 24: 705-709, 2001 | E. Faglia, G. Clerici, Foot Ankle Int., 2013 Feb; 34 (2): 222-7 | D. G. Armstrong, Diabetes Care 24: 1019-1022, 2001 | C. Caravaggi, E. Faglia, Diabetes Care 23: 1746-1751, 2000 | D. Armstrong, Diabetes Care, March 2005, vol. 28, no. 3 551-554 | Stephanie C. Wu, Diabetes Care 31: 2118-2119, 2008 | Ira A. Katz, Diabetes Care, March 2005, vol. 28, no. 3 555-559