

## When do I need an orthotist?










Orthotists are available to support patients and health professionals at all risk levels of the foot in diabetes, to give advice and provide a range of orthoses to aid in the treatment of diabetic foot disease. Please find your nearest service and speak to a clinician on how they can help. As orthotists, we assess the patient holistically and provide the most appropriate orthotic prescription for an individual. Sometimes, patients may require orthoses other than footwear and insoles to have an affect/impact on their weightbearing ability, how they walk and their overall foot health.

Risk Level	Low Risk	Moderate Risk	High Risk	Active Diabetic Foot Problem
<b>Description</b>  <b>As Per NICE Guidelines</b>  <b>NG 19 (2015)</b>	<ul style="list-style-type: none"> <li>- No risk factors present except callous alone on non bony areas of the foot</li> </ul>	<ul style="list-style-type: none"> <li>- Deformity</li> <li>- Neuropathy</li> <li>- Non-critical Limb Ischemia</li> </ul>	<ul style="list-style-type: none"> <li>- Previous ulceration</li> <li>- Previous amputation</li> <li>- On renal replacement therapy</li> <li>- Neuropathy and non-critical limb ischemia together</li> <li>- Neuropathy in combination with callus and/or deformity</li> <li>- Non-critical limb ischemia in combination with callus and/or deformity.</li> </ul>	<ul style="list-style-type: none"> <li>- Ulceration</li> <li>- Spreading infection</li> <li>- Critical limb ischemia</li> <li>- Gangrene</li> <li>- Suspicion , or confirmed diagnosis of an acute Charcot arthropathy,</li> <li>- Unexplained hot, red, swollen foot with or without pain.</li> </ul>
<b>Orthotic Input</b>	No need for orthotic provision but advice on foot care, footwear and what risk factors to be aware of. If callous is present on significant weight bearing areas like across the metatarsal heads then biomechanical assessment for preventative treatment is advised.	Requires the provision of insoles and footwear advice or provision of stock, modular or made to measure footwear dependent on the patient presentation and extent of deformity present. This treatment is standard practice for orthotists, some podiatrist also have extended scope training to provide this treatment. Aim to redistribute plantar pressure, reduce shear and frictional forces. Protect foot against trauma.	Requires the provision of insoles, combined with modular or made to measure footwear dependant on the foot shape and extent of deformity. Made to measure footwear is normally only assessed, measured and fitted by an orthotist. These patients may also require additional support for the effects of neuropathy such as a drop foot support. Aim to redistribute plantar pressure, reduce shear and frictional forces. Protect foot from trauma and improve gait pattern.	Requires an orthotist to aid in the redistribution of plantar pressure/ reduction in shear/ frictional forces to aid wound healing. Protection of sound side whilst wound is healing. The multidisciplinary foot care service would offer treatment with a non removable offloading device, if a non removable device is not advisable because of clinical, or the patients personal circumstances, consider treatment with a removable offloading device. This may be a removable cast or a Charcot Retaining Orthotic Walker (CROW). You should ensure any leg length discrepancy caused by a cast shoes or other walkers is accommodated for long term.

## Footwear signposting advice for patients with diabetes

This advice is aimed at patients in the low risk category. However these are elements therapeutic footwear manufacturers aim provide in all stock, modular and custom made footwear which is designed and manufactured to diabetes specifications.

### High Street Footwear tips and advice before purchasing

								
Minimal seam and stitch lines internally	Ensure shoe is of correct size, shape and width to accommodate both feet – check this with the foot on insole initially	Low opening for ease of putting on	Wide and deep toe box, not a pointy shape	Good rocker soles – this is the external shape of sole rather than internal toe spring	Firm heel counter on shoes for maximum foot stability and padded collars	Thick and cushioned removable insole for easy insertion of custom orthotics	Enclosed shoe design with secure fastening – lace, Velcro or BOA designs	The shoes should have about a 1-2cm heel pitch. Measure the sole height and subtract it from the heel height to work out the shoe pitch

Kinetec have produced a patient self-help guide to supplement their off the shelf diabetic footwear range. This document gives patients information on the risks associated with diabetes, the complications that might be experienced and products available for purchase which can help to provide better foot protection for patients in the low risk category. All products are available for patients and professionals to purchase. More information can be collected at the Kinetec UK stand J18 or email us on [enquiries@kinetecuk.com](mailto:enquiries@kinetecuk.com).

### IWGDF Recommendations regarding footwear in prevention:

- Instruct a person with diabetes who is at risk of foot ulceration (IWGDF risk 1-3) to protect their feet by not walking barefoot, in socks without shoes, or in thin soled slippers, whether indoors or out.
- Consider advising a person with diabetes who is at low or moderate risk for foot ulceration (IWGDF risk 1 or 2) to perform foot and mobility related exercises with the aim of reducing risk factors of ulceration i.e. decreasing peak pressures and increasing foot and ankle range of motion, with the aim of improving neuropathy symptoms.

**halo-medical** are available to custom manufacture any orthosis or orthotic prescription.