

Monthly Newsletter

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Latest/ upcoming developments

- Farewell to our podiatrist Franc Pirc, he has now left for Australia.
- Our podiatrist Anuj Soni is starting a course this month to learn Podiatric Acupuncture.

Contact Your Podiatrist

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Fit feet for active lifestyles



Happy, healthy feet

Caring for Feet with Charcot-Marie-Tooth Syndrome

Brief Overview

Charcot-Marie-Tooth Disease (CMT) is an inherited disorder that affects the nerves outside the brain and spinal cord called peripheral nerves.

There are different types of CMT. Some cause damage to the covering that protects nerve fibers (myelin sheaths). Other types of CMT damage the nerve fibers directly. In both cases, neuropathy results from the damaged nerve fibers.

The longest peripheral nerves, in the arms and legs, are affected first. Both nerve fibers that create movement and transmit sensations are affected.

Weakness and numbness are typically noticed in the feet first as a result. The feet are further affected by various symptoms

associated with CMT including:

- Very high arched feet causing a foot deformity;
- An inability to hold the foot horizontal, called foot drop;
- When walking, feet can slap on the floor due to foot drop;
- Numbness in the feet;
- Difficulty with balance.

Important Foot Care Measures

Because CMT greatly affects the feet, appropriate footwear and foot care are necessary interventions. Due to the lack of sensation and movement in the feet, they are very vulnerable to further complications.

Therefore, the following assessment and safety measures are highly recommended:

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Caring for Feet with Charcot-Marie-Tooth Syndrome (Cont'd from previous page)



Trim your toe nails regularly

- Orthopaedic shoes may be necessary to provide proper fitting. Experience in fitting shoes for complex feet, becomes important. Sometimes, custom (casted) orthotic inserts are prescribed.
- Podiatrists may liaise with pedorthists if a custom or customised shoe is needed.
- Patients with CMT should have nails trimmed or calluses removed by podiatrists to prevent further complications, such as tissue injury or infection.
- After walking barefoot, a thorough inspection should be done on the toes and bottoms of your feet.
- Avoid open toed shoes or heels and wearing the same shoes two days in a row.

- Gently break in new shoes, wearing them only a few hours at first to prevent sore spots and blisters. Feet should be inspected for red areas that can indicate too much pressure.
- Check the inside of your shoes daily for foreign objects or sharp edges.
- When soaking your feet, be cautious of too much moisture between the toes and monitor for signs of athlete's foot. Remember to thoroughly dry in between all toes.
- Ask for advice about what moisturizer is suitable for your feet.
- Always have loose, peeling or unusual looking skin checked and evaluated.

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Moisturise feet daily and check feet for unusual skin signs.

Caring for Feet with Charcot-Marie-Tooth Syndrome

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- Keep feet dry – natural fibre (cotton) socks are generally good, though will take longer to dry out than synthetic blends (“wicking”) socks. Our advice; wear natural fibres but change socks through the day as needed.
- Change your socks and inspect them for blood, stains or other drainage that may indicate an open sore that you were unaware of.
- It is very important that you examine your feet daily, including in between your toes. Challenging spots can be viewed with a mirror or you can have a friend or family member do the assessment.



Examine your feet often!

If any redness, sores, cuts, pus, swelling, or blisters are found you need to make an appointment with your podiatrist right away, even if you have no pain.

The loss of sensation and movement in the feet make patients with CMT more prone to sores, injury, and infection. Taking necessary care of your feet on a daily basis is the key prevention for further foot-related complications.

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*The Care,
Professionalism and
Time that your feet*



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ABPI – ankle brachial pressure index tool

What is the ankle brachial pressure index? The ankle brachial pressure index (ABPI), otherwise known as the ankle to arm systolic pressure index is a vascular assessment that is carried out in order to determine the extent of vascular disease or ischaemia in the lower limb.

The index is calculated by measuring the maximum systolic pressure at the ankle (taking the highest reading of either the dorsalis pedis or the posterior tibial pulses) using a Doppler and then dividing it by the systolic pressure in the brachial artery.

The brachial artery is used because for some, as yet unknown reason, the arteries of the upper limb seem to be spared of atheroma formation, whereas the arteries in the lower limb are more commonly affected by vascular disease.

ABPI measurement can be performed in the following patients:-

- Any patient with [diabetes](#), if they have decreased pulses, foot ulcers and/ abnormality of blood flow).
- Any patient with diabetes and leg pain of unknown aetiology.
- All type 1 diabetes mellitus patients aged over 35 years, or with 20 or more years duration of diabetes undergoing baseline examination.
- All patients with type 2 diabetes mellitus aged over 40 years or older undergoing baseline examination.
- Any patient with a history of occlusion, ulceration or ischaemic pain.

If you fall into any one of the above patient categories it is a good idea to have an ABPI assessment to ascertain the vascular status of your lower limb and feet. The Footcare Centre would be more than happy to assist you with this.

The result of the readings then determines what action is needed whether it be nothing/managing risk factors/routine referral onto a Vascular Consultant/Urgent referral onto Vascular Consultant.

Taken from www.thefootcarecentre.co.uk/news-blog/abpi-ankle-brachial-pressure-index-tool/

This blog has been written by Franc Pirc and is not necessarily the opinion of The Footcare Centre Ltd.

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