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A POTENTIAL LEG UP FOR DIABETES PATIENTS

Recent discoveries may help diabetes patients avoid disease of the lower extremities

ROSEMONT –Disease of and injury to the feet and lower legs is a lifelong concern for diabetes patients. They are twice as likely to suffer from these conditions as non-diabetic patients. These problems also affect 30 percent of patients dealing with diabetes who are over the age of 40.

However, new research offers more hope for effective treatment of lower extremity disease, as well as prevention of the condition. “What’s New in Orthopaedic Rehabilitation,” a paper published in the October, 2007 issue of *The Journal of Bone and Joint Surgery*, reviews some of these discoveries, as well as other innovations on the horizon in the field of orthopaedic surgery.

Diabetes can damage nerves, making injuries difficult to detect in the early stages; the disease can also inhibit circulation, preventing effective healing. Patients with diabetes that have nerve involvement (neuropathy) and poor circulation (micro angiopathy) need to maintain additional precautions to prevent injury and infection. Uncontrolled infections, poor healing and progressive neuropathy can in some cases lead to gangrene and surgical amputations. This condition is frequently seen by orthopaedic surgeons.

“Prevention is the goal and should be the goal,” says Harish S. Hosalkar, MD, co-author of the paper and an orthopaedic surgery clinical instructor at the University of Pennsylvania. “Once an injury has occurred the risk is much greater, so it’s best if we can prevent or stop it before it happens.”

One recent study found that patients who monitored the temperatures of their feet and reduced their activity when those temperatures were elevated had a lower rate of infection and other subsequent complications. Hosalkar notes that this finding is especially exciting because of its simplicity. “This is not only an effective prevention strategy, but it’s also very easy for patients and caregivers to carry out,” he says.

Another study showed that the detailed assessments currently used by healthcare providers to identify diabetes patients at risk for foot ulcers were largely effective. These assessments allowed care providers to initiate interventions such as:

- Patient education
- Prescription footwear
- Intensive foot care

Two additional studies, found that some quicker casting methods were just as effective at healing lower extremity disease as the standard total contact casts (TCCs) currently used. This could be good evidence for clinicians who work in extremely busy foot clinics and other similar settings (like diabetic camps) where they might see 100 or more patients with foot problems each day.

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