

FOURTH QUARTER 2016 JOURNAL QUESTIONNAIRE (for both clinical and administrative PMAC's)

The following will apply for CME credit for the 2016-2017 recertification year. All completed answer sheets should be held until you receive your recertification notice in the mail (April of 2017). At that time attach all JOURNAL answer sheets to your notice and mail to: the appropriate recertification chair person.

DIABETIC WOUND CARE

WHAT IS A DIABETIC FOOT ULCER? A diabetic foot ulcer is an open sore or wound that most commonly occurs on the bottom of the foot in approximately 15 percent of patients with diabetes. Of those who develop a foot ulcer, six percent will be hospitalized due to infection or other ulcer-related complications. Diabetes is the leading cause of non-traumatic lower extremity amputations in the United States, and approximately 14 to 24 percent of patients with diabetes who develop a foot ulcer have an amputation. Research, however, has shown that the development of a foot ulcer is preventable.

WHO CAN GET A DIABETIC FOOT ULCER? Anyone who has diabetes can develop a foot ulcer. Native Americans, African Americans, Hispanics and older men are more likely to develop ulcers. People who use insulin are at a higher risk of developing a foot ulcer as are patients with diabetes related kidney, eye, and heart disease. Being overweight and using alcohol and tobacco also play a role in the development of foot ulcers.

HOW DO DIABETIC FOOT ULCERS FORM? Ulcers form due to a combination of factors, such as lack of feeling in the foot, poor circulation, foot deformities, irritation (such as friction or pressure), and trauma, as well as duration of diabetes. Patients who have diabetes for many years can develop neuropathy, a reduced or complete lack of feeling in the feet due to nerve damage caused by elevated blood glucose levels over time. The nerve damage often can occur without pain and one may not even be aware of the problem. Your doctor can test feet for neuropathy with a simple and painless tool called a monofilament. Vascular disease can complicate a foot ulcer, reducing the body's ability to heal and increasing the risk for an infection. Elevations in blood glucose can reduce the body's ability to fight off a potential infection and also retard healing.

WHAT IS THE VALUE OF TREATING A DIABETIC FOOT ULCER? Once an ulcer is noticed, immediate care must be rendered. Foot ulcers in patients with diabetes should be treated for several reasons. Such as: reducing the risk of infection and amputation, improving function and quality of life, and reducing health care costs.

HOW SHOULD A DIABETIC FOOT ULCER BE TREATED? The primary goal in the treatment of foot ulcers is to obtain healing as soon as possible. The faster the healing, the less chance for an infection. There are several key factors in the appropriate treatment of a diabetic foot ulcer:

- Prevention of infection.
- Taking the pressure off the area. Called "off-loading." • Removing dead skin and tissue, called "debridement."
- Applying medication on dressings to the ulcer.
- Managing blood glucose and other health problems.

Not all ulcers are infected: however, if your podiatrist diagnoses an infection, a treatment program of antibiotics, wound care, and possibly hospitalization will be necessary.

There are several important factors to keep an ulcer from becoming infected:

- Keep blood glucose levels under tight control.
- Keep the ulcer clean and bandaged.

- Cleanse the wound daily, using a wound dressing or bondage.
- Do not walk barefoot.

For optimum healing, ulcers, especially those on the bottom of the foot, must be "off-loaded." Patients may be asked to wear special footwear, or a brace, specialized castings, or use a wheelchair or crutches. These devices will reduce the pressure and irritation to the ulcer area and help to speed the healing process.

The science of wound care has advanced significantly over the past ten years. The old thought of "let the air get at it" is now known to be harmful to healing. We know that wounds and ulcers heal faster, with a lower risk of infection, if they are kept covered and moist. The use of full strength betadine, peroxide, whirlpools and soaking are not recommended, as this could lead to further complications.

Appropriate wound management includes the use of dressings and topically-applied medications. These range from normal saline to advanced products, such as growth factors, ulcer dressings, and skin substitutes that have been shown to be highly effective in healing foot ulcers.

For a wound to heal there must be adequate circulation to the ulcerated area. Your doctor can determine circulation levels with noninvasive tests.

CONTROLLING BLOOD GLUCOSE. Tightly controlling blood glucose is of the utmost importance during the treatment of a diabetic foot ulcer. Working closely with the patient's medical doctor or endocrinologist to accomplish this will enhance healing and reduce the risk of complications.

SURGICAL OPTIONS. A majority of noninfected foot ulcers are treated without surgery; however, when this fails, surgical management may be appropriate. Examples of surgical care to remove pressure on the affected area include shaving or excision of bone(s) and the correction of various deformities, such as hammertoes, bunions, or bony "bumps."

HEALING FACTORS. Healing time depends on a variety of factors, such as wound size and location, pressure on the wound from walking or standing, swelling, circulation, blood glucose levels, wound care, and what is being applied to the wound. Healing may occur within weeks or require several months.

HOW CAN A FOOT ULCER BE PREVENTED? The best way to treat a diabetic foot ulcer is to prevent its development in the first place. Recommended guidelines include seeing a podiatrist on a regular basis. He or she can determine if the patient is at high risk for developing a foot ulcer and implement strategies for prevention.

A patient is of high risk:

- have neuropathy
- have poor circulation
- have a foot deformity (i.e. bunion, hammertoe)?
- wear inappropriate shoes
- have uncontrolled blood sugar

Reducing additional risk factors, such as smoking, drinking alcohol, high cholesterol, and elevated blood glucose are important in the prevention and treatment of a diabetic foot ulcer. Wearing the appropriate shoes and socks will go a long way in reducing risks. Your podiatrist can provide guidance in selecting the proper shoes.

Teaching the patient how to check their feet is crucial in noticing a potential problem as early as possible. Inspecting their feet every day - especially between the toes and the sole - for cuts, bruises, cracks, blisters, redness, ulcers, and any sign of abnormality. Each time they visit your office; have them remove both shoes and socks so their feet

can be examined. Any problems that are discovered should be reported as soon as possible; no matter how "simple" it may seem to them.

The key to successful wound healing is regular podiatric medical care to ensure the following "gold standard" of care:

- lowering blood sugar
- appropriate debridement of wounds
- treating any infection
- reducing friction and pressure
- restoring adequate blood flow

The old saying, "an ounce of prevention is worth a pound of cure" was never as true as it is when preventing a diabetic foot ulcer.

15-13 correct answers = 5 credits
12-10 correct answers = 4 credits
9-7 correct answers = 3 credits
6-4 correct answers = 2 credits
3-1 correct answers = 1 credit

FOURTH QUARTER 2016 JOURNAL QUESTIONNAIRE (answer sheet)

The following questions will apply for CME credit for the 2017-2018 recertification year. All completed answer sheets should be held until you receive your recertification notice in the mail (April of 2017). At that time attach all JOURNAL answer sheets to your notice and mail to: the appropriate recertification chair person.

1. What is a diabetic foot ulcer? _____

Or _____

2. Diabetes is the leading cause of _____

3. The following ethnic groups are more likely to develop ulcers.

4. Although people who use insulin are at a high risk of developing a foot ulcer.what other conditions or problems can put the patient at risk?

- _____
- _____
- _____
- _____
- _____
- _____

5. What are some factors that can lead to ulcers?

- _____
- _____
- _____
- _____
- _____
- _____

6. What is neuropathy? _____

7. And this condition (neuropathy) is due to? _____

8. There is a great deal of pain associated with neuropathy. True False _____

9. What is another disease that can complicate a foot ulcer?

10. What is "off-loading?" _____

11. "Keep the ulcer clean and bandaged" and "let the air get at it" have both been connected to the treatment of ulcers. Which is the accepted treatment now?

12. For a wound to heal there must be adequate ____to the ulcerated area.

13. Give examples of surgical intervention to remove pressure -

- _____
- _____
- _____

14. What are some of the factors affecting healing?

- _____
- _____
- _____
- _____
- _____
- _____
- _____

15. When performing diabetic education, the patient should be urged to check their feet every day. What problems should they be aware of that could occur?

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Name:

Address:

City, State Zip
