



Why is foot care important for people with PAD?

People who have peripheral artery disease (PAD) are more likely to have foot problems. When the blood vessels in your feet and legs are narrowed or blocked by the buildup of fats (or plaque), not enough blood flows to these parts of the body. As a result, minor problems such as cuts, sores or blisters cannot heal quickly, or heal at all.

People who have PAD and [diabetes](#) have an even greater risk of foot problems. Not only do they have poor blood flow (or circulation) to their feet and legs but they also may have nerve damage from high blood glucose (sugar) levels. This problem is called diabetic neuropathy (ne-ROP-uh-thee). Nerve damage can cause you to lose feeling in your feet. You may not feel a blister caused by poorly fitting shoes.

Minor foot injuries in people with PAD and people with [diabetes](#) can cause sores or ulcers that can turn into serious infections. If these sores are not treated right away, they may lead to losing a toe, foot or leg. In fact, PAD and diabetes are the leading causes of foot or leg amputations in the United States.

The good news is that people with PAD can prevent serious foot problems and amputations by taking care of their feet—every day. If you have [diabetes](#), taking care of your feet and keeping your blood glucose levels under control also can help keep your feet safe.

What can I do each day to take care of my feet?

Set aside the same time each day to take care of your feet. Make [foot care](#) a part of your daily routine, just like brushing your teeth. Follow this foot care plan to prevent minor foot problems from becoming major ones. Post it on your bedroom or bathroom door to remind yourself to take care of your feet.

Foot Care Plan:

✓ **Wash your feet each day** with warm, not hot, water and a mild soap or cleanser. Dry your feet gently and well. Be sure to dry between the toes.

✓ **Keep the skin soft and smooth.**

Keep the skin soft and smooth. If your skin is dry, apply a thin coat of cream or lotion that does not have alcohol over the tops and bottoms of your feet, but not between the toes.

✓ **Trim your toenails straight across and file the edges.** Rounded edges help prevent ingrown toenails that can cause infections. If your nails are thick or hard to trim, go to a health care provider to trim your toenails. Ask your health care team to refer you to a foot care provider who takes care of people with [diabetes](#) or people with circulation problems in their feet or legs.

✓ **Check your feet every day.** Look at the tops, bottoms and sides of your feet as well as between your toes. Use a mirror or ask a family member or friend to help if you have trouble seeing the bottoms or sides of your feet. Use your hands to feel for hot or cold spots, bumps or dry skin. Check for:

- sores, cuts, bruises or breaks in the skin
- rashes
- corns, calluses and blisters
- red spots and swelling
- ingrown toenails and toenail infections
- pain

✓ **If you find any of these foot problems, call your health care provider right away.**

Do not try to take care of cuts, sores or infections yourself. Some over-the-counter foot care products can harm your skin, making problems worse.

What other steps should I take to protect my feet?

Washing and checking your feet each day is the first part of your **foot care** plan.

Follow these steps as well to protect your feet from serious problems.

✔ **Wear shoes and socks at all times.**

Never walk around in bare feet—even indoors. Choose socks that will not cause sores on your feet. They should be seamless socks or those with flat or soft seams. Wear comfortable shoes that fit well and protect your feet. Before you put on your shoes, feel inside them to make sure the lining is smooth and that there are no pebbles or rough edges. If you have **diabetes**, keep in mind that you may not be able to count on the nerves in your feet to feel something wrong with your shoes or socks.

✔ **Choose shoes that will keep your feet**

safe. When you buy new shoes, have a shoe expert make sure the size is right for your feet. You may not be able to feel a short or narrow shoe. Because your feet often get wider as you get older, you may need to change shoe sizes over time. When you have new shoes, wear them for only a few hours a day at first, and then change into other shoes for the rest of the day. This will help you to avoid getting blisters or sores from new shoes.

If your health care team suggests wearing special inserts in your shoes, make sure there is enough room in the toe box of the shoes you wear for the insert. If not, you will need to buy shoes that have a deeper and wider toe box. If you already have foot problems such as nerve damage, Medicare or your private insurance may pay part of the cost for special shoes or inserts. Ask your health care team whether you can apply for these benefits.

✔ **Protect your feet from hot and cold.**

Wear socks at night if your feet get cold. Always wear shoes at the beach, the pool, or on hot pavement. If you

have **diabetes**, do not test bath water with your feet; use your arm or hand to be sure the water is not too hot.

✔ **Keep the blood flowing to your feet.**

Put your feet up when sitting and do not cross your legs for long periods of time. If you have pain, dangle or wiggle your feet and toes to increase blood flow and decrease pain. If you smoke or use any type of tobacco product, ask your health care team for help in quitting. Nicotine reduces blood flow to your feet.

✔ **Be active every day.**

Ask your health care team to help you plan a daily activity program that is right for you. **Walking**, dancing, swimming, and bicycling are good forms of exercise that are easy on the feet. Avoid activities that are hard on the feet, such as running and jumping. Always include a short warm-up and cool-down period. Wear athletic shoes that fit well and that provide good support.

What other steps should I take to protect my feet?

At each office visit, your health care provider should look at your feet. Once you are in the exam room, take off your shoes and socks every time so that you are ready to have your feet checked. If you have **diabetes**, you should have a complete foot exam at least once a year—more often if you already have foot problems. A complete foot exam should include a check of the skin on your feet, your foot muscles and bones, how well you can walk, your blood circulation and whether you have any numbness in your feet.