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Equipment of diabetic foot

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Risk diabetic foot imposes implementation of precautionary measures to avoid the appearance of a wound, to avoid its recurrence, and curative measures in case of ulceration.

Mechanical origin is most frequent mechanism and need discharge by eliminating hyper-pressure exercises. It is essential to obtain the healing.

The realized discharge avoids the mechanical trauma at the origin of the delay of healing having an essential role in the arisen of complications.

Two systems of discharge are available : the irremovable devices validated by clinical trials and which bring better results by insuring a forced compliance, and the irremovable devices are mostly very used mass or custom-made by specialized centers.

To be able to unload wounds among which the locations, the areas and the depths are very variable, the equipment must be particularly individualized.

The realization of removable orthoses on molding allows to preserve the profits of a moderated walking by respecting the hurt zones and by authorizing the access for the local care.

While we are in the presence of often asymptomatic ulcerations, it is imperative that the equipment constitutes a proportioned answer so that it is systematically worn from the first step.

The good observance as for the port of the removable devices is an imperative condition.

The forecast of the diabetic foot is dominated by the risk of an amputation; this one, when it will have become inevitable, will be realized after multidisciplinary opinion and will have to take into account possibilities of equipment, allowing the patient to obtain the best functional state.

Keywords

Foot diabetic, wounds, discharge, removable devices, irremovable devices, amputation

Further reading

Dupre JC, Dechamps E, Pillu M, Despeyroux L. The fitting of amputated and nonamputated diabetic feet, a French experience at the Villiers-Saint-Denis Hospital. J Am Podiatr Med Assoc 2003 ; 93:221–8.

Faglia E, Caravagi C, Clerici G, Sganzeroli A, Curci V, Vailati W, et al. Effectiveness of removal walker versus nonremovable fiberglass of bearing cast in the healing of diabetic plantar foot ulcer: a randomized controlled trial. Diabet Care 2010 ; 33(7):1419–23.