

The Diabetic Foot Care Guide

*Catch problems early, protect your feet,
and know when to call*



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The 30-second daily foot check

When to call, and when to go now

Podiatrist picks: shoes, insoles, socks

Vitamins: what helps, what doesn't

2026: what's new, and what to skip

Fill-in tracker, worksheet and fridge card

Start here: your 30-second foot check

If you read only one page, make it this one. Two habits prevent the most harm: look at your feet every day, and call fast when something changes.

Every day, before your socks

- 1 Sit down in good light.
- 2 Look at the top, bottom and heel of each foot, and between every toe.
- 3 Can't see the bottom? Use a mirror or ask someone to help.
- 4 Look for anything new: a cut, blister, crack, red or dark spot, swelling, or fluid.
- 5 Feel inside your shoes and shake them out. Put on clean socks and your shoes before you take a step.

Call your foot doctor today if you see

- A new blister, cut, sore, or crack
- Fluid, pus, or blood on your sock
- A dark spot inside a callus
- Part of your foot that is newly red, warm, or swollen, even if it doesn't hurt
- A toenail that looks infected

Go to the ER or call 911 if

- Your foot or leg suddenly turns cold, pale, blue, or very painful
- Any skin turns black
- Redness spreads fast, or you have a fever or chills with a foot wound



A long-handled mirror shows the bottom of your foot without balancing on one leg.

Remember: diabetes can quiet the nerves that warn you. No pain does not mean no problem.
Balance Foot & Ankle: [\(810\) 206-1402](tel:8102061402)

Watch: [Diabetic foot care at home](#) (1 minute) · Read: [the daily foot check, step by step](#) (managingneuropathy.com)

A note from Dr. Tom

I have done more than two thousand foot and ankle surgeries. My whole job, the way I see it, is to keep you from being number two thousand and one.

Most serious foot problems in people with diabetes start small. A blister from a new shoe. A crack in a dry heel. A warm spot that nobody checks. Small problems are easy to treat, and that is the entire reason I wrote this guide.

These are the habits I teach my own patients. **Look** at your feet every day. **Protect** them with good skin care, socks, and shoes. **Build** your health one step at a time. And call early when something changes.

Diabetes is not always the whole story either. A burning foot can also come from a pinched nerve, a tight shoe, or pressure from the way you walk — and those can be fixed. Start with the check on page 2, and add one new habit every couple of weeks.

If you like to learn by watching, you can also find me on YouTube at [@DrTomBiernacki](https://www.youtube.com/@DrTomBiernacki).

Dr. Tom Biernacki, DPM, FACFAS

Foot and ankle surgeon and founder, Balance Foot & Ankle



How to use this guide

- **Part 1, Get help fast (pages 4–7):** what to do when your foot changes.
- **Part 2, Everyday care (pages 8–20):** skin, nails, shoes, pain, vitamins, and blood flow.
- **Part 3, What's new (pages 21–23):** new tools, new treatments, and trends to skip.
- **Part 4, Your plan (pages 24–31):** a 7-day start, fill-in pages, and how to reach us.

About Dr. Tom

- **Board certified** by the American Board of Foot and Ankle Surgery and the American Board of Podiatric Medicine
- **Fellow** of the American College of Foot and Ankle Surgeons
- **Ten years** in practice, more than 100 patients a week, and over 2,000 foot and ankle surgeries
- **Speaks** English and Polish
- **Trained** at Kent State University College of Podiatric Medicine, with a surgical residency at St. Mary Mercy Hospital in Livonia
- **Founded** Balance Foot & Ankle in 2020. Sees patients in Howell and Bloomfield Township
- **Teaches** foot care in free videos on YouTube

This guide is general education. It is not a diagnosis or a treatment plan for you. Always follow the advice of your own care team. In an emergency, call 911.

When a foot change needs help

Use this page to decide how fast to act. You don't need to know what is wrong. If you are not sure, call.

Go to the ER or call 911 now

- Your foot or leg suddenly turns cold, pale, blue, or very painful, especially with new numbness or weakness
- Skin turns black, or tissue may be dying
- A foot problem comes with confusion, fainting, trouble breathing, or feeling very sick
- Redness or swelling spreads fast, or you have a fever or chills with a foot wound

Call your foot doctor today

- A new blister, open sore, cut, puncture, or burn, or fluid leaking from the skin
- Blood under a callus, which looks like a dark spot inside it
- A foot that is newly red, warm, or swollen, even if the skin is not broken and you can still walk
- A toenail that looks infected, or a wound that is getting worse

If you can't be seen today, ask where to go, or use urgent care. If it gets worse, or you see a sign from the ER box above, go to the ER.

Bring it up at your next visit

- Numbness, burning, or tingling that is not new
- Thick nails, or calluses that keep coming back
- Shoes that no longer fit

Anything sudden, or anything that breaks the skin, moves up to one of the boxes above.

What to say when you call

"I have diabetes. Since _____, I've noticed _____ on my left / right foot. I see a wound / warmth / swelling / fluid / a color change. I do / don't feel sick. Where should I be seen today?"

A foot that is suddenly hot or swollen

A foot that turns warm, swollen, or red needs to be seen the same day.

Why it’s urgent

This matters most when your feet are numb and the skin is not broken. One cause is Charcot foot (say “shar-KOH”): the bones weaken and the foot can lose its shape, often with little pain.

An infection, a broken bone, or a blood clot can look the same. You can’t tell them apart at home.

It could be	Clues your team looks for	What they may do
Charcot foot	Warm, swollen, often red, skin not broken. Pain is mild or missing. Can follow a small injury you don’t recall.	X-rays, sometimes an MRI. A cast or boot the same day, and keeping weight off the foot.
Infection	Broken skin, fluid or pus, spreading redness, a bad smell, fever or chills, or blood sugars that climb.	Blood tests, a sample from the wound, antibiotics, sometimes a scan.
Blood clot	Swelling in the calf as well as the foot, often after surgery, illness, or a long trip.	An ultrasound of the leg, the same day.

What to do now

- Stay off the foot as much as you safely can.
- Ask someone to drive you. Don’t hop if you might fall.
- Don’t use heat, soaking, or massage.
- Feeling very sick, or seeing an ER sign on page 4? Go to the ER.

What happens next

If Charcot foot is possible, your doctor may put you in a cast or boot right away, even before every test is back.

An early X-ray can look normal. A normal X-ray, or low pain, doesn’t mean it is safe to walk as usual.

If you get a cast or boot, ask

- How do I get to the bathroom, use the stairs, and bathe?
- What if it gets wet, feels loose, or rubs? Who do I call, day or night?

What to say when you call

“My foot is suddenly hot and swollen. I have diabetes and numb feet. The skin is not broken, but this isn’t normal for me. Where can I be seen today?”

Learn more: [DiabeticFootGuide.com/charcot-foot](https://diabeticfootguide.com/charcot-foot) · [DiabeticFootGuide.com/swollen-feet-diabetes](https://diabeticfootguide.com/swollen-feet-diabetes)

A new blister or open sore

Call your foot doctor or diabetes team the same day. Don't wait for pain, pus, or fever. Tell them if you have had a foot ulcer before or have poor circulation.

Do

- Keep pressure and rubbing off the spot.
- For a small, shallow break in the skin, rinse gently with clean water or saline. Cover it with a clean, non-stick bandage.
- Keep the bandage loose, not tight.
- Go to the ER now for black skin, a deep puncture, something stuck deep in the skin, or a big injury.

Don't

- Pop a blister, cut away skin, or dig into a wound.
- Trim a callus yourself.
- Soak your foot.
- Pour peroxide, alcohol, or other harsh products into a wound unless your doctor tells you to.
- Use home remedies or leftover creams or pills.

Tell your care team

- When you first saw it, and where it is
- Any fluid, spreading redness, swelling, or warmth
- Whether you feel sick
- What might have caused it: a new shoe, a burn, a fall, or something in your shoe



Check inside both shoes before you put them on. A small object can cause a big problem.

Photos: a photo can help if your clinic asks for one. But a photo can't show blood flow or a deep infection, so it doesn't replace a visit.

Healing takes teamwork: most foot wounds in diabetes heal best with pressure taken off, regular cleaning by your team, and good blood flow. Page 7 explains each step.

Learn more: [DiabeticFootGuide.com/diabetes-blisters-on-feet](https://diabeticfootguide.com/diabetes-blisters-on-feet) · [DiabeticFootGuide.com/diabetic-foot-infection](https://diabeticfootguide.com/diabetic-foot-infection) · Watch: [Don't let a foot ulcer turn into an amputation](#) (1 minute)

How wounds heal, and how to keep them healed

What your care team will do

- **Take pressure off.** For many sores on the bottom of the front or middle of the foot, the best first choice is a knee-high cast or boot that you can’t take off. Regular shoes don’t take off enough pressure.
- **Clean the wound.** Your team removes dead tissue. Never do this yourself.
- **Treat infection.** Antibiotics are for infected wounds. They don’t help a clean wound heal.
- **Check blood flow.** Poor circulation may need a vascular specialist.

Newer options your team may discuss

Option	What it is	What studies show
Topical oxygen	A small device bathes the wound in oxygen, on top of standard care	In a trial of 73 people, 42% of wounds closed in 12 weeks, compared with 14% using a sham device
Fish-skin graft	A medical tissue graft that acts as a scaffold for new tissue	In a trial of about 250 people with deep ulcers, about 4 in 10 healed in 16 weeks, compared with about 1 in 4 with standard care
Other add-ons	Placental tissue, a patch made from your own blood cells, hyperbaric oxygen, wound vacuums	Used for certain wounds; the evidence is different for each

After it heals

A healed ulcer can come back. About 4 in 10 people get another one within a year. These steps help:

- Wear the shoes and inserts your team prescribes, indoors and out.
- Ask if daily foot-temperature checks fit you. If the same spot on each foot differs by more than 2.2 °C (about 4 °F) two days in a row, walk less and call your team.
- Ask about a small procedure if a curled toe keeps getting a sore on its tip. In a small trial, all 8 people with a toe-tip sore healed after a tendon release (flexor tenotomy), compared with 3 of 8 who didn’t have it.
- Keep up your daily foot check.

Learn more: [DiabeticFootGuide.com/diabetic-foot-ulcer](https://diabeticfootguide.com/diabetic-foot-ulcer) · [DiabeticFootGuide.com/non-diabetic-foot-ulcer](https://diabeticfootguide.com/non-diabetic-foot-ulcer) · Watch: [Diabetic foot ulcers: what you need to know](#)

Why diabetes changes foot care

Diabetes can affect three things that protect your feet: feeling, blood flow, and how pressure spreads across your foot.

Feeling

Nerve damage (neuropathy) can cause burning, tingling, or numbness. When nerves go quiet, a pebble or a rubbing seam can hurt you without warning.

Blood flow

Peripheral artery disease (PAD) narrows the arteries in your legs. Wounds heal slowly without good blood flow. Numb feet and poor circulation are different problems with different tests.

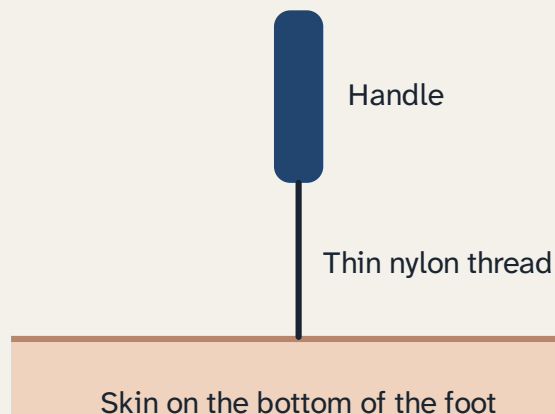
Pressure

Foot shape, stiff joints, and tight shoes can press on the same spot again and again. A callus that keeps coming back is a warning sign.

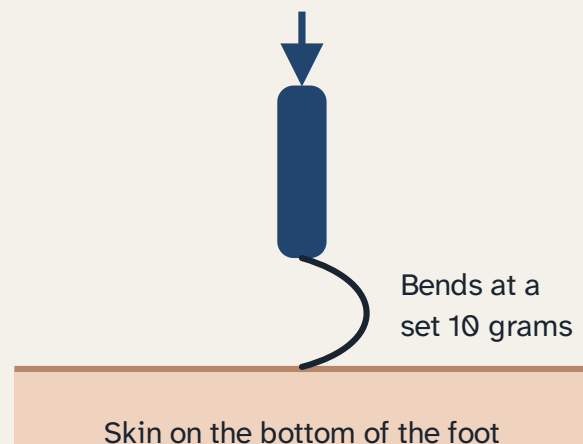
Two words to know: an **ulcer** is an open sore. An **infection** means germs have gotten into the tissue. Not every ulcer is infected, but every ulcer needs a doctor.

The monofilament test

1. Touch



2. Press until it bends



In the clinic, your doctor presses a thin nylon thread straight onto the bottom of your foot until it bends. If you can't feel it, your feet have lost some of their protective feeling. This is a test for the clinic, not for home.

Your doctor may also check vibration with a tuning fork, your reflexes, and the pulses in your feet. Ask what your results mean, and write them on page 28.

Learn more: [DiabeticFootGuide.com/diabetic-feet](https://diabeticfootguide.com/diabetic-feet) · [DiabeticFootGuide.com/diabetic-foot-exam](https://diabeticfootguide.com/diabetic-foot-exam) · Watch: [Diabetic foot care 101](#)

Know your risk level

Your foot exam gives you a risk level. It tells you how often your feet should be checked.

Risk level	What the exam found	Get checked
0 • Very low	Normal feeling and normal blood flow	Once a year
1 • Low	Lost feeling <i>or</i> poor blood flow	Every 6 to 12 months
2 • Moderate	Both of those, or either one plus a change in the shape of the foot	Every 3 to 6 months
3 • High	Lost feeling or poor blood flow, <i>plus</i> a past ulcer, an amputation, or kidney failure	Every 1 to 3 months

These are check-up schedules to prevent problems. A new problem needs care sooner. Based on the 2023 IWGDF prevention guideline.

Your yearly foot exam

Everyone with diabetes should have a full foot exam at least once a year. If you have lost feeling, or had an ulcer or an amputation, your feet should be checked at every visit.

The exam looks at your skin and nails, the shape of your feet, your pulses, your feeling, and your shoes.

Tell your doctor if you have

- A past foot wound, foot surgery, or amputation
- Charcot foot, dialysis, or a smoking habit
- Trouble seeing or reaching your feet, or trimming your nails
- Prescribed shoes you can’t wear



A foot exam includes your shoes and inserts, not just your skin.

At level 2 or 3, ask about

- Prescription shoes and inserts (page 14)
- Regular callus and nail care in the office
- A blood-flow check (page 19)
- A home temperature check (page 21)
- Your next visit booked before you leave
- Who to call first when something changes

Try this: write your risk level and the date of your next exam on page 28.

Look. Protect. Build.

Three words for every day. They take a few minutes and prevent a lot of trouble.



Look before socks

Check both feet, including the soles, heels, and between the toes. Use a mirror or a helper for spots you can't see. A change that doesn't hurt still counts.

Protect before steps

Feel inside both shoes. Smooth your socks and inserts. Wear shoes, or the footwear your team prescribed, every time you walk, even at home.

Build one habit

Pick one healthy step for today: a planned meal, a short walk your feet can handle, or a question for your doctor.

Make it automatic

- Tie the check to something you already do: "After breakfast, I check my feet before my socks."
- Keep a chair, a light, and a mirror in the same spot.
- If a helper checks for you, agree on a time.
- On a hard day, do the short version: look, then shoes on.

If you can't see or reach your feet

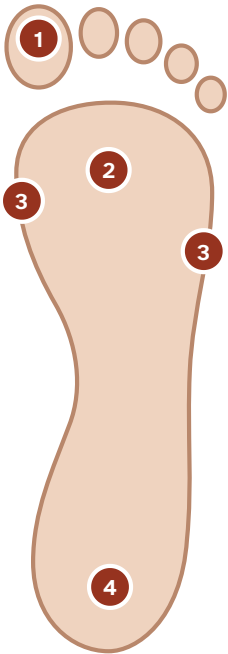
A long-handled mirror, a family member, or a foot-care visit can do the job. There is no prize for doing it alone.

Dr. Tom's tip: check your feet at the same time every day. When it becomes part of a routine you already have, you stop forgetting it.

What to look for

Check for anything new. Here is what each finding means and how fast to act.

You see	What to do
A blister, cut, crack, or open sore	Call today
Fluid, pus, or blood on your sock	Call today
A dark spot inside a callus	Call today
An area that is newly red, warm, or swollen	Call today
An ingrown or infected-looking toenail	Call today
Skin that is suddenly cold, pale, or blue, or skin that turns black	ER now
Redness that spreads fast, or fever or chills with a wound	ER now
New dry skin, corns, calluses, or thick nails	Next visit
Numbness or tingling that slowly gets worse	Next visit



Where sores often start

1. Tips and tops of the toes, from shoes or curled toes
2. The ball of the foot
3. The big-toe joint and the outer edge of the foot, from tight shoes or bunions
4. The heel, from dry cracks or from lying in bed

Use your phone

Photograph the sole of each foot once a week, in the same light. A photo shows change that your eye misses, and it gives us something to compare when you call.

Compare left with right

Your two feet are your own yardstick. One foot that is warmer, redder, more swollen, or a different shape than the other is the finding, even when it doesn't hurt.

Not sure whether something is new? Call and ask. Being checked early is always better than being checked late.

Learn more: [brown spots](#) · [rashes](#) · [dark or black skin](#) on [DiabeticFootGuide.com](#)

What these look like

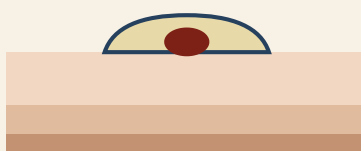
Six of the changes on page 11, drawn. None of them has to hurt to matter.

1 Blister



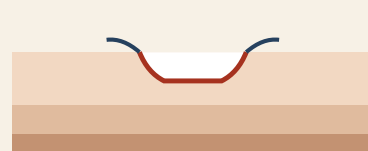
A soft dome of fluid.
Don't pop it.

2 Dark spot in a callus



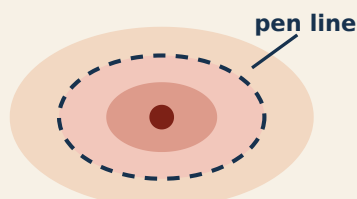
Thick skin with a dark
center: bleeding underneath.

3 Open sore



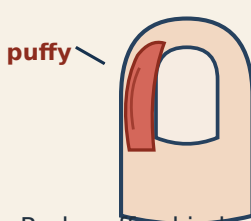
A crater through the skin.
It may not hurt at all.

4 Redness spreading



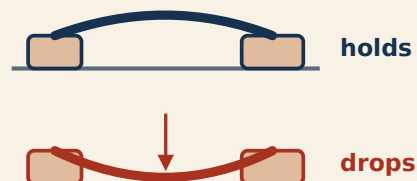
Draw round it, note the time.
Past your line in hours: ER.

5 Infected-looking nail



Red, puffy skin beside the
nail. Don't dig at it.

6 Foot changing shape



A foot that flattens or widens,
warm and swollen. Call today.

Drawings, not photographs. Real skin varies in color, and redness can be harder to see on brown and black skin — compare the same spot on your other foot, and use warmth and swelling as well as color.

Photograph it

1. Same light, same spot, once a week.
2. Lay a coin next to it so the size is clear.
3. Keep the dates. Bring the photos to your visit.

If you can't see or reach

Use a long-handled mirror on the floor, or ask someone to look and photograph for you. Asking is not giving up: a sore found this week instead of next month changes how it ends.

One rule covers all six: anything new, and anything that has changed since last week, gets a call. Page 11 says how fast.

Skin and nail care

A gentle daily routine keeps skin strong and nails from causing trouble.

Wash

Use mild soap and warm water, not hot. Test it with your elbow or a thermometer, not your foot. Don't soak. Dry well, especially between the toes.

Moisturize

Rub a thin layer of lotion on dry skin, but not between your toes. Ask before using a strong urea or acid cream on thin or fragile skin.

Calluses and corns

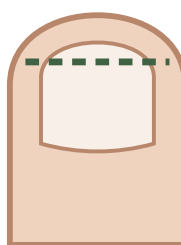
Don't cut or shave them. A callus that keeps coming back means too much pressure on that spot. Ask about your shoes and inserts.

Heat

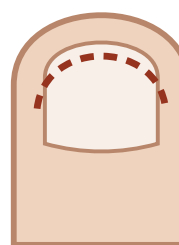
Numb feet can burn without warning. Don't use heating pads, hot-water bottles, or heated massagers on your feet.

Nails

Do



Don't



Straight across · **Not down into the corners**

Trim straight across and smooth sharp edges with a file. Only trim your own nails if you can see, reach, and feel your feet well, and your doctor says it's OK.

Don't dig into the corners or cut your cuticles. Let us care for nails that are thick, painful, ingrown, or hard to reach. That's good maintenance, not giving up.

Dr. Tom's tip: letting us trim thick or curved nails is safer than struggling with them at home.

Choosing a foot cream

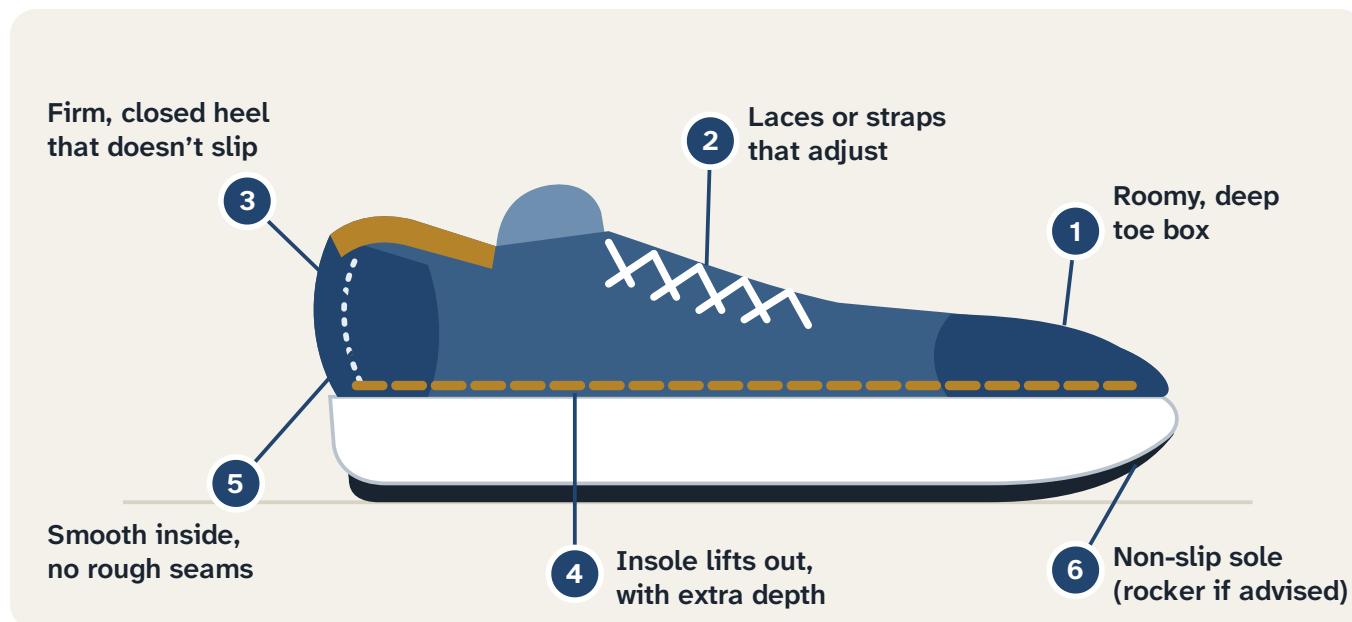
- Everyday dry skin: a plain, fragrance-free lotion.
- Thick, cracked heels: ask about a urea cream.
- Thin or fragile skin: ask before using strong creams.
- Never between the toes.
- Skip medicated corn pads, acid peels, and numbing creams.

Try this: link washing, drying, lotion, and your foot check into one daily routine.

Learn more: [diabetic toenails](#) · [dry, cracked feet](#) · [foot creams](#) on DiabeticFootGuide.com · Watch: [Thick, dry skin on diabetic feet](#)

Shoes and socks that protect

The best shoe is the one that fits your feet, your day, and your care plan.



Shoe-fit checklist

- ☐ Shop late in the day, when your feet are largest.
- ☐ Fit your larger foot, while standing.
- ☐ Leave about ½ inch between your longest toe and the end of the shoe.
- ☐ Feel inside for rough seams.
- ☐ Wear new shoes for about an hour at first. Then check your feet.
- ☐ Never walk barefoot, even at home.

Medicare diabetic shoes

If you have diabetes and severe diabetes-related foot disease, Medicare Part B can help pay for one pair of therapeutic shoes each calendar year, plus inserts.

The doctor who manages your diabetes (an MD or DO) must certify the need. A podiatrist can prescribe and fit the shoes. You usually pay 20% after your Part B deductible.

[DiabeticFootGuide.com/diabetic-shoes](https://diabeticfootguide.com/diabetic-shoes)

Socks and inserts

Wear smooth, dry socks without thick seams or tight tops. Change them daily, and check them for blood or fluid. Ask before using compression socks, especially if you have poor circulation. An insert should have a job: support, cushion, or taking pressure off one spot. Don't stack inserts. Our shoe, insole, and sock picks are on page 15.

Dr. Tom's tip: bring your everyday shoes to every visit. They show me where the pressure on your feet is coming from.

Shoes, insoles, and socks: our picks

Start with what your feet need. Then choose a shoe that does that job and fits you well.

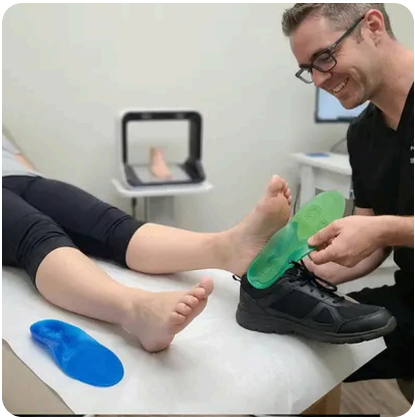
If you need	Good examples	Why they help
Everyday walking If your feet have normal feeling	New Balance 928, Brooks Ghost, HOKA Bondi	Several widths, a firm heel, and an insole that lifts out
Medicare diabetic shoes Rules on page 14	Dr. Comfort, Propét Stability Walker, Apex	The makers say many of their styles qualify; ask which. A Medicare supplier, such as our clinic, fits them.
Wide or swollen feet	Orthofeet Coral (women) or Edgewater (men), Propét Stability Walker Strap	Stretchy or strap uppers, and true wide sizes
Charcot foot, once it settles A new change in shape? Call us first.	Extra-deep shoes, such as Dr. Comfort William-X, or custom-made shoes	Room for thick inserts. Custom shoes when others won't fit.
At home	A second pair of your fitted shoes, kept by your bed, or a closed-heel house shoe with a strap	Many steps happen at home. Open backs can cause trips.
Sandals Only with normal feeling, good blood flow, and no sores	A sandal with a back strap, for short rests	A shaped footbed and a strap that holds your heel. Skip open shoes if you have neuropathy.
Socks	Smooth, light-colored socks with flat seams and loose tops, such as Thorlo diabetic socks	Less rubbing, and you can spot fluid early. Compression socks only if your team checks your blood flow and says OK.

Which insole?

Normal feeling, with arch or heel pain: a store-bought support insole, such as PowerStep Pinnacle, can help.

Numb feet, calluses, or a past sore: use inserts made or molded for your feet. Medicare can help pay for them with diabetic shoes if you qualify.

Custom orthotics: we scan your feet in the office, and a lab builds them to your prescription.



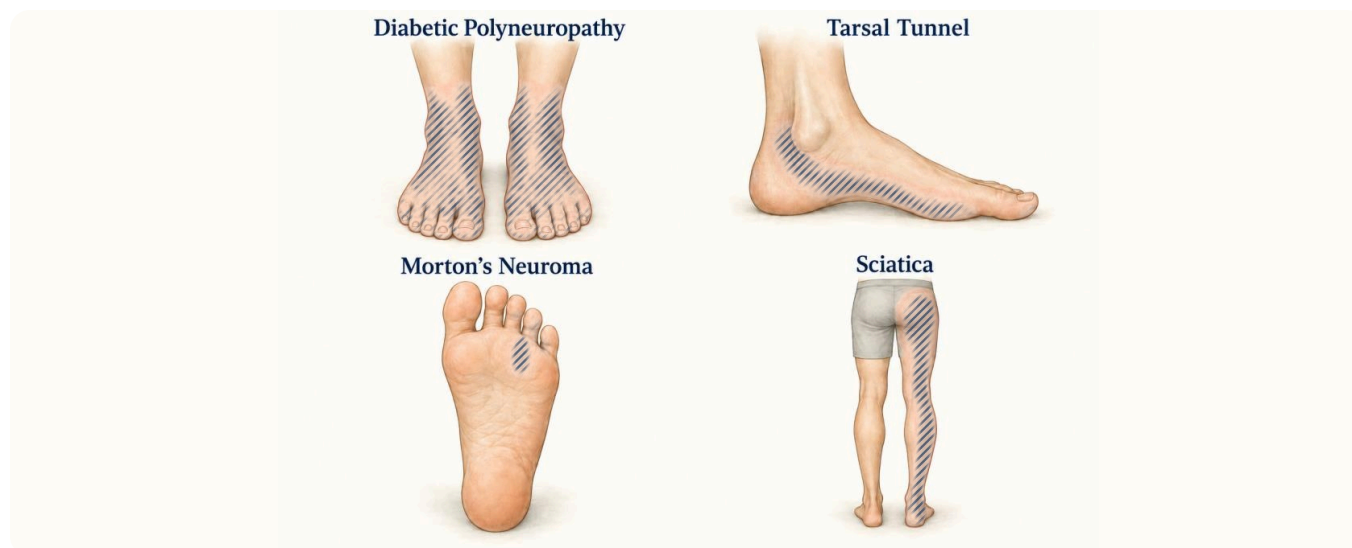
Fitting a 3D-printed custom orthotic at our clinic.

Examples, not prescriptions: fit matters more than the brand. We chose them with clinical judgment and the makers’ published details; our review site hasn’t finished testing them. **Disclosure:** our clinic fits and sells Medicare diabetic shoes and custom orthotics, and some of our review pages earn commissions.

Read more: [shoes for diabetes](#) · [wide toe boxes](#) · [shoes for Charcot foot](#) · [what to wear indoors](#) · [diabetic vs. compression socks](#)

Foot pain? Find the cause

Not every burning foot is diabetic neuropathy. Some causes of foot pain can be treated directly.



Striped areas show where each problem is often felt. Patterns can overlap, and this picture can't diagnose you.

Both feet, like socks. Diabetic neuropathy usually starts slowly in both feet. Ask to be checked for low vitamin B12 too, especially if you take metformin.

Inner ankle and arch. Tarsal tunnel syndrome is a pinched nerve on the inside of the ankle. Standing, swelling, or the way your foot moves can make it worse.

Ball of the foot. A Morton's neuroma is a pinched nerve, most often between the third and fourth toes. It can feel like a pebble, or burn in tight shoes.

From the buttock down one leg. Sciatica comes from a pinched nerve in the lower back.

What can help a pinched nerve

- Roomier shoes and lower heels
- The right insert, pad, or brace
- Physical therapy, or treating the back
- Sometimes an injection or surgery

Get help fast

Weakness or foot drop that starts suddenly: call 911 or go to the ER.

Weakness that builds slowly: call your doctor this week. New bladder or bowel problems, numbness in the groin, or weakness in both legs: go to the ER.

Dr. Tom's tip: tell me exactly where it hurts, on one side or both, and what makes it worse. That helps me find the cause.

Nerve surgery is for a nerve that is proven to be pinched. Foot-care guidelines do not recommend it just to prevent diabetic foot ulcers.

Read: [symptoms and causes of neuropathy](#) · [burning heel pain](#) · Watch: [Why are my feet numb?](#)

Treating nerve pain

Treatment works best when it matches the cause. Keep protecting your feet, even when the pain gets better.

Treatments with good evidence

Prescription medicines. Several kinds of pills can ease nerve pain. Your doctor will choose one based on your health and your other medicines. If one helps only partly, adding a second kind may help more.

Capsaicin 8% patch (Qutenza). A health care professional applies it to the feet for 30 minutes, no more than once every 3 months. In a trial of 369 people, pain fell 27% on average, compared with 21% with a fake (placebo) patch. It can sting or burn for a while.

Spinal cord stimulation (10 kHz). An implanted device, for pain nothing else has touched. In a study without a placebo group, more than 8 in 10 people with the implant had at least half their pain relieved at 6 months, against about 1 in 20 on usual care, and most kept it at 2 years. It involves a trial run, surgery, and upkeep.

Newer options with less proof

Shockwave therapy (EPAT) helps some heel and tendon problems in our experience. The evidence for nerve pain is limited.

Laser and red-light therapy. Small trials disagree. In a careful trial of a home device with a fake light, feeling did not improve.

Scrambler therapy eased pain for about a month in a pilot study that had no comparison group.

Nerve “release” surgery. In a trial using a fake surgery on the other leg, both legs improved about the same at 12 months.

Journavx (suzetrigine), a new non-opioid pain pill, is approved only for short-term pain. Diabetic nerve pain studies are still running.

Pain relief and foot safety

- Numb feet still need a daily check when the pain is gone — and no heat on your feet, ever (page 23).
- Some nerve-pain pills can make you dizzy or sleepy. Take extra care on stairs and at night.

Vitamins and supplements: see page 18. Bring every bottle to your visit, because some supplements interact with your medicines.

WHAT I ACTUALLY DO

I don’t accept “it’s just the diabetes” until the fixable causes are ruled out: B12 (especially on metformin), thyroid, alcohol, kidneys, and your medicine list. Some are reversible, and it costs one blood draw to find out.

Then I ask you to point to it with one finger. Both feet, burning, no one spot — usually the nerve. One foot, one spot you can point to — usually something squeezed, and that I can often change.

Our clinic offers some of these treatments: [neuropathy care](#) · [shockwave \(EPAT\)](#) · Read: [what works, and what only seems to](#) · Watch: [Fixing nerve pain](#)

Vitamins and supplements: what helps

No pill undoes nerve damage, but a B12 test is worth asking about.

1

Ask for a B12 test

If you take metformin, especially for more than 4 years, or your feet are numb.

2

Ask about vitamin D

Low levels are common in type 2 diabetes. Ask if a test fits you.

3

Count your B6

Too much causes numbness and tingling. It hides in many “nerve” products.

Supplement	What studies show	Evidence	Watch out for
Vitamin B12	Helps nerves if your level is low. No proof it helps if it's normal.	STANDARD OF CARE	Metformin can lower B12.
Vitamin D	May ease nerve pain, but only studied in people whose level was low.	SOUND BUT UNFUNDED	Don't go over 4,000 IU a day on your own.
Alpha-lipoic acid	Eased burning in a 5-week study. Little or no help at 6 months.	CONTESTED	Upset stomach. Lows with insulin or sulfonylureas.
Benfotiamine (vitamin B1)	Did not help nerves in a 1-year trial published in 2026.	TESTED. DIDN'T WORK	Skip it for neuropathy.
Other “nerve” supplements	Fish oil, carnitine, turmeric: small studies that disagree.	CONTESTED	Turmeric: liver harm, and bleeding with blood thinners.
Vitamin B6	Nothing proven for nerves. Too much causes nerve damage.	CAN HURT YOU	Keep pills under 10 mg a day (UK advice; the U.S. limit is 100 mg).
Wound nutrition	Pills and shakes didn't speed healing in trials. Eat enough protein.	TESTED. DIDN'T WORK	Ask for a nutrition check if you aren't eating well.
Blood-sugar supplements	Berberine, cinnamon, chromium: small drops in some studies. Not a swap for medicine.	CONTESTED	Berberine interacts with many medicines.
Peptide shots	BPC-157 and similar shots aren't approved or tested for diabetic feet.	UNTESTED	Don't inject “research” products.

Standard of care: guidelines say do it. *Sound but unfunded:* likely helps; nobody paid for the big study. *Contested:* studies disagree. *Untested:* never studied. *Tested, didn't work:* a real trial said no.

Buying safely

- The FDA doesn't approve supplements before they are sold.
- A USP, NSF, or ConsumerLab seal checks what's in the bottle — not whether it works or is safe for you.
- Skip products that claim to cure or reverse neuropathy.



Bring every bottle, or a photo of each label, to your visit and to your pharmacist.

Read more: [supplements for neuropathy](#) · [alpha-lipoic acid](#) (managingneuropathy.com)

Protect your blood flow

Your feet need good blood flow to stay healthy and to heal.

Signs of poor blood flow (PAD)

- Calf or leg pain when you walk that eases when you rest
- Foot pain at night or at rest
- A sore that heals slowly
- A foot that stays cold

Some people have no signs at all.



A regular walking plan is part of treating PAD.

Getting checked

Your doctor may compare the blood pressure at your ankle or toes with the pressure in your arm, or use ultrasound.

Feeling a pulse or seeing pink skin does not rule out PAD.

Treatment

- Quit smoking. Ask for help; it is one of the best things you can do for your legs.
- Follow a walking program.
- Take the medicines your team prescribes for cholesterol, blood pressure, clots, and blood sugar.
- Sometimes a procedure is needed to open the artery.

Don't start aspirin, blood thinners, or "circulation" supplements on your own.

Good news for walking

In a 2025 trial of 792 people with type 2 diabetes and PAD, people taking semaglutide (Ozempic) could walk 21% farther on a treadmill test after a year, compared with 8% farther on a placebo. Ask your diabetes team whether it fits you.

An emergency

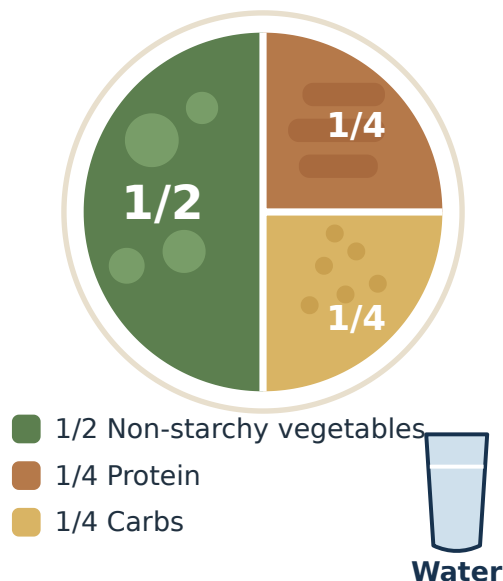
A foot that is suddenly cold, pale, painful, numb, or weak. Call 911 or go to the ER. Don't use heat.

Ask your doctor: "Is my blood flow good enough to heal, and to do the activity I want?"

Read: [circulation checks at our clinic](#) · Watch: [What helps circulation in diabetic feet?](#) (1 minute)

Healthy habits that help your feet

Steadier blood sugar, a healthy weight, and regular movement all help your feet. Start small.



Use a 9-inch plate. Proportions matter more than the exact foods.

Build a simple plate

Fill half your plate with vegetables such as broccoli or green beans. Fill a quarter with protein such as chicken, fish, eggs, or tofu, and a quarter with carbs such as brown rice or potatoes. Drink water or unsweetened drinks.

Weight

If you have type 2 diabetes and extra weight, losing 5 to 7% of your weight improves blood sugar. For someone who weighs 200 pounds, that is 10 to 14 pounds. Losing more than 10% can help even more, and some people go into remission.

Move more, safely

A short walk after meals can lower blood sugar. If your feet and your doctor allow, work up to 150 minutes a week, such as 30 minutes on 5 days, plus strength exercises 2 or 3 days a week. Get up and move every 30 minutes.

Have a wound, a hot or swollen foot, or a cast? Follow your team's activity plan. Seated exercises can still help. Check your feet after any exercise.

About GLP-1 medicines

Medicines such as semaglutide (Ozempic, Wegovy) and tirzepatide (Mounjaro, Zepbound) lower blood sugar and help many people lose weight. Ask your diabetes doctor whether one fits you. They don't reverse nerve damage or heal foot ulcers, so keep up your foot care. While you lose weight, eat enough protein and keep up strength exercises. More on page 22.

Before big changes in food or activity, ask about your medicines so your blood sugar doesn't drop too low.

Read: [what makes neuropathy worse](https://www.diabeticfootguide.com/what-makes-neuropathy-worse) (managingneuropathy.com) · [warning signs to know](https://www.diabeticfootguide.com/warning-signs-to-know) (diabeticfootguide.com)

What's new: tools you can use

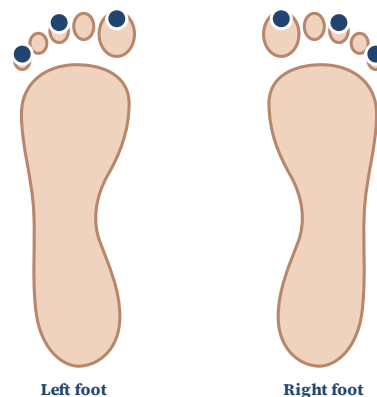
New tests and devices can help you spot trouble sooner. Here is who they fit.

Worth trying

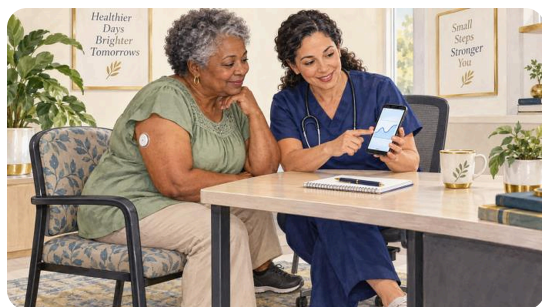
A touch test you can do at home

The 2026 diabetes care standards added the Ipswich Touch Test. Close your eyes. Have someone rest a fingertip lightly, for 1 to 2 seconds, on the tips of your big, middle, and little toes on both feet. Say “yes” each time you feel it.

Missed 2 or more spots? Tell your doctor. This test doesn't replace your yearly foot exam.



Touch the 6 dots, one at a time. Don't press, tap, or poke.



A CGM sensor often sits on the back of the upper arm.

Ask first Glucose sensors (CGMs)

A small sensor shows how food, walks, and medicine change your blood sugar, day and night.

- **Store-bought sensors** are for people who don't use insulin. They aren't made to warn you about lows.
- **Use insulin, or had bad lows?** Ask about a prescription CGM with alarms. Medicare may cover it.
- **Readings can be off.** If a number doesn't match how you feel, check with a fingerstick. High-dose vitamin C can skew some sensors.

Ask first

Smart mats, socks, and insoles

These tools watch for warm spots or high pressure that can come before a sore. In one study, a smart mat flagged 97% of sores about 5 weeks early, but it also gave many false alarms.

A foot thermometer can do a similar job. If one spot stays more than 4°F warmer than the same spot on the other foot for 2 days, walk less and call us.

Had a foot sore? Ask which tool fits your plan, and keep up your daily checks.

Custom orthotics from a 3D scan



We scan your feet in the office. Then a lab builds orthotics to your prescription.

Inserts made for your feet can take pressure off risky spots. Medicare helps pay only for inserts that come with qualifying diabetic shoes.

Ask at your next visit whether they fit your feet.

Watch: [Custom orthotics: are 3D-printed insoles worth it?](#) · Read: [custom orthotics at our clinic](#)

What's new: medicines and treatments

Some big changes in 2025 and 2026 affect people with diabetic feet. Here is what they mean for you.

Ask first GLP-1 medicines and your feet

Medicines such as Ozempic, Wegovy, Mounjaro, and Zepbound lower blood sugar and help many people lose weight. Some now come as pills.

- **Possible help:** in a trial of people with leg-artery disease, semaglutide helped them walk farther. Health-record studies link these medicines to fewer amputations, but they can't prove it.
- **No shortcut:** they don't heal foot sores or replace daily foot checks.
- **Go step by step:** a very fast drop in a very high A1c can set off burning nerve pain. Ask your team how fast to lower it.
- **Protect your muscles:** eat enough protein, and do the strength exercises your team approves.
- **Buy safely:** skip online "research" and copycat shots. Use a licensed pharmacy.
- **On Medicare?** Part D may cover a GLP-1 for type 2 diabetes. The new \$50-a-month GLP-1 Bridge is for weight loss only, and it leaves out type 2 diabetes.

"Ozempic feet"? We found no study that has measured it. If you have new heel or ball-of-foot pain, let us check it, and don't stop a medicine on your own. [Heel fat pad loss, explained](#)

New in nerve pain

Spinal cord stimulation: in a 2026 study paid for by the maker, a 10 kHz implant eased pain, and about half of those who got one had better feeling in their feet.

Journavx (suzetrigine): a new pain pill without opioids. It is approved only for short-term pain, and studies in nerve pain are still going.

Two medicines together: the 2026 care standards say combining two kinds of pain medicine can bring more relief.

Ask first Page 17 lists the treatments that work best today.

Advanced wound care

Fish-skin grafts: in one study paid for in part by the maker, 44% of deep sores healed by 16 weeks, compared with 26% with standard care.

Oxygen treatments: may help some sores that don't heal with standard care.

Pressure relief still comes first. These treatments add to offloading and wound care. They don't replace them.

Ask first Your wound team decides if one fits.

Read more: [the four families of nerve-pain medicines](#) (managingneuropathy.com) · [how foot sores heal](#) (diabeticfootguide.com)

Trending online: try it, ask first, or skip it

Almost every trend online is dosed by feel: *as hot as you can stand it, as long as you comfortably can, until it feels warm*. Each one uses your pain system as the measuring tool — and diabetes can remove that tool without removing the risk. So ask of any gadget: **what does it use to decide when to stop?** If the answer is how it feels, keep it off your feet.

✓ Worth trying

- **A 10-minute walk after meals**, if you have no sore and no hot, swollen foot. It can lower blood sugar. Wear shoes, and check your feet after.
- **Urea cream or petroleum jelly** on dry, cracked heels. Keep it off the skin between your toes.
- **Smooth, seam-free socks** in light colors, with tops that don't dig in.
- **The toe touch test** on page 21.

? Ask your care team first

- **Compression socks**. Have the blood flow in your legs checked first.
- **Interval walking and “12-3-30” incline workouts**. Start slow, especially with numb feet.
- **Foot “circulation boosters.”** They may ease achy legs, but they don't repair nerves.
- **Minimalist shoes**. Never with numb feet, a past ulcer, or a changed foot shape.
- **Salon pedicures**. Bring your own tools; no whirlpool tubs, no callus cutting.

✗ Skip it

- **Detox foot pads and ionic foot baths**. They don't pull toxins out of your body.
- **Copper “circulation” socks**. Pay for a good fit instead.
- **Grounding mats, PEMF mats, and home red light**. None shown to ease nerve pain; red light lost to a fake device.
- **Store-bought toe spacers**. They add nothing to foot exercises.
- **Beef tallow, castor oil packs, and Vicks on your feet**. Not tested for diabetic feet.
- **“Neuropathy reversal” packages and stem cell or exosome shots**. None is FDA-approved for nerve damage.
- **GLP-1 shots from online “research” sellers**. Use a licensed pharmacy.

! Never, numb feet or not

- **Heated socks, heated insoles, heating pads, and heated massagers**. You can burn without feeling it.
- **Walking barefoot**, indoors or out, including “earthing.”
- **Foot soaks**. Wash instead: test the water with your elbow, and dry between your toes.
- **Shaving, cutting, or peeling calluses** at home, including acid foot peels.
- **Ice baths and cold plunges**.

Why we say this: guidance from the ADA, IWGDF, NIDDK, FDA, FTC, and CPSC, and the studies listed on pages 33–34. In 2026, one brand of heated socks was recalled after burn reports (CPSC).

Read more: [home remedies, examined · foot massagers and the heat risk · “reverse neuropathy” claims](#) (managingneuropathy.com)

Your 7-day start

Build your routine one day at a time. Keep each day's step going as you add the next.

- 1 Set up your spot.** Put a chair, a light, a mirror, and our phone number in one place. Finish this sentence: "I want healthy feet so I can ____."
- 2 Start the daily check.** Use the steps on page 2 and the checklist on page 26.
- 3 Check your shoes and socks** against page 14. Set aside any pair that rubs.
- 4 Plan tomorrow's meal** using the plate on page 20.
- 5 Move a little.** Take a short walk or do a seated exercise your feet can handle. Check your feet afterward.
- 6 Gather your medicine and supplement labels.** Write down what each one is for.
- 7 Look back.** What worked? What was hard? Book your next foot exam and fill in page 28.



One spot with a seat, good light, a mirror, and your shoes.

Missed a day?

Just start again. Don't make up for it by soaking your feet, trimming more, or adding new products.

Day 8 and after

- Keep the daily check going. It carries the rest.
- Add one habit from page 20 every couple of weeks, not all at once.
- Look at your shoes each season. Worn tread, a flattened insert, or a new rub means it's time to recheck them.
- Put your next foot exam in your calendar today.

Make home and travel safer

- Keep shoes or slippers with firm soles by the bed. Clear walkways and secure loose rugs.
- When you travel, pack your prescribed shoes, socks, medicines, and our number.
- On vacation, avoid walking barefoot, hot pavement, and hot sand.

Make every visit count

A little preparation helps you get more from each visit.

Your one-minute summary

“I want to _____. The main problem is _____. It started _____. I have tried _____.”

Example: “I want to walk with my family again. My right shoe rubs my heel. I stopped wearing it, and I brought it with me.”



Bring your notes, your shoes, and your medicine list. The rest is a conversation.

What to bring

- Your everyday shoes and socks
- Your medicine and supplement list, or the bottles
- Your recent blood sugar readings or A1c, if you have them
- This guide, with page 28 filled in

Questions to ask

- What is causing my symptoms?
- What is my risk level, and when should I come back?
- Which treatment fits me and my budget?
- What should get better, and when will we check?
- What changes mean I should call sooner?

Who does what

Podiatrist (DPM): foot exams and risk level, nails and calluses, wounds, prescription shoes, foot surgery.

Primary care or diabetes doctor: diabetes medicines and A1c, the yearly foot check, and the form that certifies you for diabetic shoes.

Vascular specialist: blood-flow tests, and opening narrowed arteries.

Wound care team: dressings, offloading, and healing that has stalled.

Pedorthist or orthotist: fitting the shoes and inserts your doctor prescribes.

Diabetes educator or dietitian: food, blood sugar patterns, and the day-to-day plan.

Before you leave

Repeat the plan in your own words. Ask to be shown anything new, like a dressing or a device. Ask who to call after hours. If an activity plan from one doctor conflicts with a foot restriction from another, ask for one plan everyone agrees on.

Read: [printable appointment questions](#) (managingneuropathy.com) · Watch: [Your first visit: what to expect](#)

Daily foot care checklist

Fill it in on screen and save a copy, or print it. Check each box as you go.

Week of

My healthy habit this week

Daily step	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Look · Looked at both feet: tops, soles, heels, and between the toes	☐	☐	☐	☐	☐	☐	☐
Look · Checked for anything new: cut, blister, color change, swelling, fluid, nail problem	☐	☐	☐	☐	☐	☐	☐
Look · Used a mirror or a helper for spots I can't see	☐	☐	☐	☐	☐	☐	☐
Look · Checked my socks for blood or fluid	☐	☐	☐	☐	☐	☐	☐
Protect · Washed my feet and dried well between the toes	☐	☐	☐	☐	☐	☐	☐
Protect · Put lotion on dry skin, not between the toes	☐	☐	☐	☐	☐	☐	☐
Protect · Felt inside my shoes and smoothed my socks and inserts	☐	☐	☐	☐	☐	☐	☐
Protect · Wore shoes or my prescribed footwear, even at home	☐	☐	☐	☐	☐	☐	☐
Build · Did my one healthy habit today	☐	☐	☐	☐	☐	☐	☐
Act · Called about anything new (page 4)	☐	☐	☐	☐	☐	☐	☐

Something I noticed

What I did about it, and what my care team said

A checked box doesn't replace a call. Anything new follows page 4, even if every box is checked.

14-day habit tracker

Pick one habit, tie it to a daily cue, and track it next to your foot check.

My habit _____

My cue (after I ...) _____

Short version for a hard day _____

Day	Date	Foot check done	Habit done	What helped, or what needs attention
1		☐	☐	
2		☐	☐	
3		☐	☐	
4		☐	☐	
5		☐	☐	
6		☐	☐	
7		☐	☐	
8		☐	☐	
9		☐	☐	
10		☐	☐	
11		☐	☐	
12		☐	☐	
13		☐	☐	
14		☐	☐	

Day 7 check-in

One win _____

One thing to change _____

Day 14 check-in

One win _____

One thing to change _____

Missed a day? Start again the next day. A restart counts as progress.

My foot care visit

Fill in the top before your visit and the bottom before you leave.

Date _____ Doctor _____

My risk level (0–3) _____ Next exam _____

My one-minute summary

Where it bothers me, one side or both _____

When it started _____

What makes it better or worse _____

The everyday task I want to make easier _____

My questions

1. _____

2. _____

3. _____

Packed for my visit

☐ My everyday shoes and socks

☐ My medicine and supplement list, or the bottles

☐ My recent blood sugar readings or A1c

☐ My checklist and tracker (pages 26–27)

The plan I am taking home

What to do, and how _____

What should get better, and by when _____

New medicines, supplies, or shoes to get _____

Changes that mean I should call sooner _____

How to reach the team, including after hours _____

My feeling test, pulse, and other results _____

Before you leave: say the plan back in your own words. Balance Foot & Ankle: [\(810\) 206-1402](tel:8102061402)

Fridge card and wallet card

Fill these in on screen or by hand. Then print this page, cut along the dashed lines, and keep the cards where you will see them.

✂ Cut along the dashed line

My daily foot check

DIABETICFOOTGUIDE.COM

Every day

- 1 Look at the top, sole, and heel of each foot, and between the toes.
- 2 Feel inside your shoes.
- 3 Put on clean socks and shoes before your first step.

Call today if you see

- A new blister, cut, sore, or crack
- Fluid, pus, or blood on your sock
- A dark spot in a callus
- New redness, warmth, or swelling
- A toenail that looks infected

ER or 911 now if

- Your foot or leg suddenly turns cold, pale, blue, or very painful
- Skin turns black
- Redness spreads fast, or you have a fever or chills with a wound

My foot doctor _____ Phone _____

My risk level _____ Next foot exam _____

Balance Foot & Ankle: (810) 206-1402 · book online 24/7 at michiganfootdoctors.com



Scan to book

✂ Wallet card

I have diabetes. My feet are at risk.

Please:

- Take off my shoes and socks and check my feet at each visit.
- If I'm in bed a lot, check and protect my heels every day.

Name _____

Foot doctor and phone _____

Emergency contact _____

How to use the cards

- Put the fridge card where you dress, or on the fridge.
- Keep the wallet card with your insurance card.
- Show the wallet card at hospital and clinic visits.
- Update your risk level and next exam after each foot exam.

Free help from our team

Keep learning between visits. Everything on this page is free.

Our websites

DiabeticFootGuide.com

Plain-language guides to foot sores, Charcot foot, skin, nails, swelling, and shoes.

ManagingNeuropathy.com

Numbness, tingling, and nerve pain: causes, a daily foot check, and treatments.

PodiatristTested.com

Dr. Tom's shoe and insole guides. Picks use clinical judgment, and testing is under way.

HeelGuide.com

Heel pain, plantar fasciitis, and heel spurs, explained.

MichiganFootDoctors.com

Our clinic: services, insurance, and online booking.



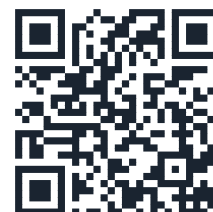
Scan for all of our diabetic foot guides.

Watch Dr. Tom on YouTube

His Michigan Foot Doctors channel has more than 950,000 subscribers. Start with these videos:

1. [Diabetic foot ulcers: what you need to know before it's too late](#)
2. [Diabetic foot care 101](#)
3. [Why are my feet numb?](#)
4. [Fixing nerve pain: a podiatrist's guide](#)
5. [Custom orthotics: are 3D-printed insoles worth it?](#)
6. [Your first visit: what to expect](#) (clinic channel)

Some videos are a few years old. This guide has our newest advice.



youtube.com/@DrTomBiernacki
Clinic channel: [@BalanceFootAnkle](https://youtube.com/@BalanceFootAnkle)

Read more about the topics in this guide

[Daily foot check](#) p. 2 · [ManagingNeuropathy](#)

[Warning signs](#) p. 11 · [DiabeticFootGuide](#)

[Hot, swollen foot](#) p. 5 · [DiabeticFootGuide](#)

[Swelling](#) p. 5 · [DiabeticFootGuide](#)

[Blisters](#) p. 6 · [DiabeticFootGuide](#)

[Infection](#) p. 6 · [DiabeticFootGuide](#)

[Foot sores](#) p. 7 · [DiabeticFootGuide](#)

[Foot exams](#) p. 9 · [DiabeticFootGuide](#)

[Dry, cracked heels](#) p. 13 · [DiabeticFootGuide](#)

[Foot creams](#) p. 13 · [DiabeticFootGuide](#)

[Toenails](#) p. 13 · [DiabeticFootGuide](#)

[Rashes and spots](#) p. 11 · [DiabeticFootGuide](#)

[Shoes and Medicare](#) p. 14 · [DiabeticFootGuide](#)

[Nerve damage](#) p. 8 · [ManagingNeuropathy](#)

[Nerve pain treatment](#) p. 17 · [ManagingNeuropathy](#)

[Heel pain](#) p. 16 · [HeelGuide](#)

[Questions for your visit](#) p. 25 · [ManagingNeuropathy](#)

Book a diabetic foot exam

Our podiatrists in Howell and Bloomfield Township check your feeling, blood flow, skin, nails, shoes, and pressure points. Then they give you a clear plan.



Tom Biernacki
DPM, FACFAS



Daria Gutkin
DPM, AACFAS



Carl Jay
DPM, FACFAS



Scan to book

Online 24/7 at

michiganfootdoctors.com

or call **(810) 206-1402**



Rated 4.9 stars in 1,123+ patient reviews. We accept Medicare and most major plans, and we check your benefits before your visit.

Howell office

4330 E Grand River Ave
Howell, MI 48843

Bloomfield Township office

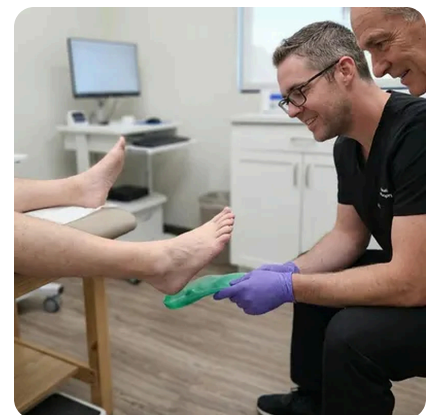
43494 Woodward Ave #208
Bloomfield Township, MI 48302

Diabetic foot care in one place

- Diabetic foot exams: feeling, pulses, skin, nails, and shoes
- Care for sores that won't heal, including pressure relief
- Nerve pain (neuropathy) care
- Circulation checks with an ankle-brachial index (ABI) test
- Medicare diabetic shoes and inserts
- Custom orthotics made from a 3D scan
- Nail and callus care
- Home visits for patients who can't easily leave home

What happens at your exam

- We review your health history, your medicines, and the shoes you wear most.
- We check your skin, nails, feeling, pulses, and pressure spots.
- You leave with your risk level, a plan, and a date for your next check.



An orthotic fitting at our clinic.

More from our clinic: [diabetic foot care](#) · [wound care](#) · [neuropathy care](#) · [home visits](#) · [insurance](#)

About this guide

Who wrote it. Written for DiabeticFootGuide.com by Balance Foot & Ankle.

How to use it. This guide is general education. It is not medical advice for you, and it does not replace a visit. In an emergency, call 911.

Check us yourself. Board certification is public: look up “Biernacki” at my.abfas.org and my.podiatryboard.org.

How current it is. Facts were checked in September 2026. Medicines, devices, and insurance coverage change, so confirm details with your care team.

How we checked facts. We used guidelines from the American Diabetes Association and the International Working Group on the Diabetic Foot, U.S. government health sites, and published studies, listed on pages 33–34.

How we made it. We used AI tools to help draft the text and the illustrations. The illustrations show fictional people, not patients. Photos of our doctors and our clinic are our own.

Products and links. We name products as examples, chosen with clinical judgment. Our clinic fits and sells Medicare diabetic shoes and custom orthotics. Some review and shopping pages on our websites contain paid (affiliate) links, and we may earn a commission. This guide contains no affiliate links, and no company paid to appear in it.

Your privacy. If you fill in this guide on screen, what you type stays in your copy of the file. We don’t collect it.

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Words to know

A1c: a blood test that shows your average blood sugar over about 3 months.

ABI (ankle-brachial index): a quick test comparing blood pressure at your ankle and arm.

Callus: thick, hard skin that builds up where there is pressure or rubbing.

CGM: a small sensor that checks your blood sugar every few minutes.

Charcot foot: a problem in a numb foot where bones weaken, break, or shift.

Custom orthotic: an insert made from a scan or mold of your feet.

GLP-1 medicine: a medicine, such as Ozempic or Mounjaro, that lowers blood sugar and appetite.

Ipswich Touch Test: a check of feeling, done by touching six spots on the toes.

Monofilament test: a touch test with a thin nylon thread that checks feeling.

Neuropathy: nerve damage that can cause numbness, tingling, or burning.

Offloading: taking pressure off a sore spot with a boot, cast, or insert.

PAD (peripheral artery disease): narrowed arteries that reduce blood flow to the legs and feet.

Podiatrist (DPM): a doctor who specializes in the foot and ankle.

Sham (placebo): a fake treatment used in a study, for comparison.

Shockwave (EPAT): a treatment that sends pressure waves into sore tissue.

Ulcer: an open sore that doesn’t heal the way it should.

Urea cream: a moisturizer that also softens thick, hard skin.

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