HEALTH BASICS

Foot care for people with diabetes

Foot care for diabetes means checking and protecting your feet to reduce complications.

WHAT IT IS
Routine checking, cleaning and protection of the feet

WHERE IT COMES UP
After diabetes diagnosis and during routine health reviews

WHY IT MATTERS
Helps find injuries before they become harder to treat

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Diabetes care team, primary care clinician or podiatry service

HOW IT IS CHECKED
Examination of skin, sensation, circulation, shape and footwear

Overview

Foot care is an important part of living with diabetes. It includes looking after your feet at home and having them examined by a healthcare professional.

Diabetes can affect the nerves and blood vessels in your legs and feet. This can make an injury harder to notice or slower to heal. A small blister, cut or pressure point may then develop into an ulcer, which is an open sore.

Not everyone with diabetes has the same level of risk. Your risk is higher if you have reduced feeling, poor circulation, changes in foot shape, kidney disease, or a previous foot ulcer or amputation. Footwear that rubs or puts pressure on one area can also add to the risk.

Foot care is not a disease or a treatment that guarantees injuries will not happen. It is a set of practical steps for finding problems early and limiting avoidable pressure or damage.

How it works

Over time, high blood glucose can damage nerves. Nerve damage is called neuropathy . When it affects your feet, you may not feel pain, heat, cold or pressure normally.

Pain usually warns you to move away from something harmful. With reduced sensation, you might continue walking on a blister, sharp object or badly fitting shoe without noticing the damage.

Diabetes can also contribute to peripheral artery disease , which means narrowed blood vessels reduce blood flow to the legs and feet. Poor blood flow can slow healing and make infection harder to treat.

Pressure also matters. A change in the shape of your foot, limited joint movement or thickened skin can concentrate pressure in one area. Repeated pressure from standing or walking can damage the tissue underneath, even when the surface initially looks intact.

A clinical foot examination looks for these risks. The clinician may:

The results help your care team decide whether routine checks are enough or whether you need more frequent review or specialist foot care.

- Check the skin, nails and spaces between your toes
- Look for changes in shape, swelling, callus or wounds
- Test sensation using a thin nylon fibre called a monofilament
- Feel foot pulses and assess blood flow
- Examine your shoes for fit, wear and pressure points
- Ask about previous ulcers, surgery or amputations

Why it matters for your health

Foot injuries can be easy to miss when sensation is reduced. Looking at your feet each day may reveal a problem that you cannot feel.

Early care is usually simpler than treatment after a wound becomes deep or infected. Prompt assessment can also reduce the amount of time you continue putting pressure on an injured area.

Professional foot checks matter even when your feet look normal. Nerve or circulation changes may be present before you notice a problem. Diabetes guidance generally recommends a comprehensive foot assessment at least once a year, with more frequent checks for people at increased risk.

Looking after blood glucose, blood pressure and cholesterol supports your wider health and may help limit further nerve and blood vessel damage. If you smoke, asking for help to stop is especially relevant because smoking further reduces circulation.

What can go wrong

The main concerns related to diabetes and the feet are specific conditions, not "foot care" itself.

Peripheral neuropathy can reduce feeling or cause burning, tingling or pain. Reduced feeling may allow an injury to go unnoticed.

Peripheral artery disease can reduce blood flow. Possible signs include a cold foot, slow-healing wounds, colour changes or pain in the calf when walking. Some people have few noticeable signs.

A foot ulcer is a break in the skin that does not heal normally. It may form under callus, over a bony area or where footwear rubs.

An ulcer or other wound can develop an infection . Redness, warmth, swelling, discharge, an unpleasant smell or increasing pain may be signs of infection. Pain may be absent when there is nerve damage.

Charcot foot is a serious condition in which bones and joints weaken and become damaged, usually in a foot with reduced sensation. The foot may become unusually warm, swollen, red or change shape, sometimes without much pain.

Severely reduced blood flow or infection can lead to gangrene , meaning body tissue has died. This may cause black or dark tissue, although colour changes can look different across skin tones.

Contact your diabetes or foot-care service promptly, preferably the same day, if you notice:

Seek emergency medical help for a foot that suddenly becomes cold, pale, blue or severely painful, or for rapidly spreading redness, black tissue, confusion, faintness or severe illness. These can indicate critically reduced blood flow or a serious infection.

- A new cut, blister, ulcer, crack or puncture wound
- Redness, warmth, swelling, discharge or an unpleasant smell
- A hot, swollen foot or a new change in foot shape
- A toenail injury, bleeding callus or spreading fungal infection
- A wound that is not starting to improve

What you can do

Look at the tops, soles, heels and sides of your feet each day. Check between your toes. Use a

mirror or ask someone you trust for help if you cannot see the soles clearly.

Look for broken skin, blisters, redness, swelling, colour changes, callus or anything that has entered the skin. Keep a dated note or photograph of a concerning area so you can tell whether it is changing. Do not delay assessment while waiting to compare photographs.

Wash your feet in warm, not hot, water. Dry them carefully, especially between the toes. Moisturiser can help dry skin, but avoid putting it between your toes because trapped moisture may encourage skin breakdown or fungal infection.

Trim toenails straight across and smooth sharp edges gently. Do not cut down the sides. If your nails are thick, difficult to reach or surrounded by numb skin, ask whether professional nail care is appropriate.

Do not cut corns or calluses yourself. Avoid corn plasters and chemical removers unless a clinician who knows your foot risk says they are suitable. These products can injure healthy skin.

Before putting on shoes, check inside for stones, rough seams or folded material. Wear shoes that have enough room for your toes and do not rub. Break in new shoes gradually and check your skin after wearing them.

Avoid walking barefoot, including indoors, if you have reduced sensation. Do not use hot-water bottles, heating pads or direct heaters on your feet because burns may occur without being felt.

At routine diabetes reviews, ask:

- What is my current foot-risk level?
- How often should my feet be examined?
- Do I need podiatry or a specialist foot-protection service?
- Are my shoes suitable for my foot shape?
- What number should I call if I find a wound?

Common questions

Can I have a foot problem without pain?

Yes. Nerve damage can reduce pain, so appearance and temperature changes may be more noticeable than discomfort. A painless wound still needs assessment.

Should I soak my feet?

Routine soaking is not advised. Prolonged soaking can make skin soft and more likely to break

down. Brief washing in warm water is usually enough.

Can I get a pedicure?

A pedicure may involve sharp tools, chemicals or damage to the cuticle. Ask your diabetes care team first if you have reduced sensation, poor circulation, previous ulcers or other high-risk findings. Make sure any provider follows proper hygiene practices.

What if I cannot reach or see my feet?

Ask about practical support. A family member, carer, podiatry service or foot-protection service may be able to help. A long-handled mirror can make daily checking easier.

Are special diabetes shoes always needed?

No. Many people can use well-fitting ordinary shoes. Specialist footwear or insoles may be advised if you have significant foot-shape changes, high-pressure areas or a history of ulceration. These should be fitted and reviewed appropriately.

Does good blood glucose control replace foot checks?

No. Managing blood glucose supports long-term nerve and blood vessel health, but it does not show whether a shoe is rubbing or whether the skin is damaged today.

Sources

- National Institute of Diabetes and Digestive and Kidney Diseases: Diabetes and Foot Problems
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- National Institute for Health and Care Excellence: Diabetic foot problems-prevention and management, guideline NG19
- International Working Group on the Diabetic Foot: Practical Guidelines on the Prevention and Management of Diabetes-Related Foot Disease, 2023
- American Diabetes Association: Retinopathy, Neuropathy, and Foot Care-Standards of Care in Diabetes, 2024