

## EDUCATION IS IMPORTANT

# Pedicuring the Diabetic Client

BY KATHARIN VON GAVEL



**Katharin von Gavel**, a featured platform speaker and recognized educator in foot care, has studied Dermatology and Paramedical Esthetics in Europe, and holds degrees in Podology, Chiropody and Pedorthics, and is a Certified Master Pedicurist. As well as teaching advanced foot care for over twenty years across North America, Ms. Von Gavel owned and operated medi-spa clinics for over two decades.

Ms. von Gavel's objective is to improve the professionalism of the foot care industry in the salon and spa sector. Her knowledge and expertise continue to enhance the development of professionals throughout North America.

***"My Mission is to change the quality and safety of pedicures in North America one foot at a time."***

**T**oday's pedicurists must learn to adapt and change their pedicuring services to meet the changing needs of the pedicure market. Lifestyles have changed over the last 15 years, which has led to an estimated, 22 million people diagnosed with diabetes in North America and many more still undiagnosed.

It is imperative that pedicurists understand that these clients need to be serviced with a special sensitivity. As more and more of the population are being diagnosed with diabetes, today's pedicurists must educate themselves about everything from the temperature of foot baths, to different techniques. They must learn how to recognize the significance of even the most minor skin and nail conditions. It is only with advanced educational programs such as the one offered by the North American School of Podology, that pedicurists can identify a substandard pedicure and the potential significant ramifications of pedicuring the diabetic foot.

Since most pedicurists will not turn a client away, education is important so that they know when to refer the client to a medical professional, as many of these clients are younger and healthier looking than in past decades.

By offering pedicure services to these "high risk" clients, minor skin irritations, or pushing back of the cuticle too vigorously can often lead to serious complications and infections. With such poor micro-circulation, even the slightest skin irritation caused by the edge of a nail file can take along time to heal. Diabetics are also often prone to fungal infections and serious care should be taken to prevent any cross-contamination during the foot soak in spa style tubs or with any implements used during the pedicure.

The skin on the feet of diabetics is particularly susceptible to the problem of extreme dryness, plus the unpleasant results of itching and skin inflammations, particularly between the toes. Studies show that lack of moisture, not oil, is at the heart of the problem. Without prevention and adequate management, skin ulcers can develop.

Diabetes often leads to peripheral vascular disease that inhibits a person's blood circulation. With this condition, there is a narrowing of the arteries that frequently leads to significantly decreased circulation in the lower part of the legs and the feet. Poor circulation contributes to diabetic foot problems by reducing the amount of oxygen and nutrition supplied to the skin and other tissue, causing injuries to heal poorly. Therefore, these clients may often be less able to sense injury or pressure on the foot. Poor circulation can also lead to swelling and dryness of the foot. Preventing foot complications is more critical for the diabetic client because poor circulation impairs the healing process and can lead to ulcers, infection, and other serious foot conditions. A foot injury may go unnoticed until severe infection develops.

**DID YOU KNOW...** that one out of every five people with diabetes will be hospitalized for foot problems? Many amputations could be prevented with proper foot care and daily foot hygiene and inspection.

Current research shows that oil based ointments or heavy, greasy creams and salves containing a high fat content are unsuitable for diabetics to use for skin care of the foot. In fact, by occluding the skin, they can cause additional damage by causing an accelerated break down of the already vulnerable skin. Studies by diabetologists from Germany showed that skin changes in the diabetic foot do not involve loss of fat, but marked loss of water from the skin.

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Instead of oil and fat-based ointments and salves, the use of skin-care agents that bind additional moisture into the skin such as preparations containing urea are suggested.

Urea, an end product of protein metabolism and part of the body's natural moisturizing factor, has been used in dermatology for over 50 years. However, it is only more recently that it has undergone closer scrutiny regarding properties advantageous to the feet. Urea is regarded as one of the most important natural moisture-binding agents, preventing water loss on the skin surface. When applied externally in a non-occlusive base, it enhances the water-binding capacity of the skin's corneal layer, as well as other positive effects on itching and inflammation.

### Tips on shoes and socks for your diabetic clients:

- Avoid going barefoot, even in your own home. Wear shoes or slippers at all times to protect your feet from injury. Otherwise, if you have poor vision and less ability to detect pain, you may not notice minor cuts or bumps.
- Wear comfortable, well-fitting shoes. Never buy shoes that do not fit properly, expecting the shoes to stretch with time. Nerve damage may prevent you from being able to sense pressure from improperly fitting shoes.
- The widest part of the shoe should match the widest part of your foot.
- The upper portion of the shoe should be soft and flexible.
- Check the inside of your shoes for rough areas, stitching or torn pieces that could cause irritation. The lining should be smooth and free of ridges, wrinkles or seams.
- Change your shoes half way through the day to alternate pressure points.
- Avoid wearing thong-type sandals or stockings with seams that can cause pressure points.
- Wear clean dry socks, preferably cotton, or non-binding panty hose every day. Socks may provide an additional layer of protection between the shoe and your foot.
- Compression socks are highly recommended and these days are quite comfortable and available in stylish colours.

### Daily routine care of feet for your diabetic clients:

- Check your feet every day. Inspect the top, sides, soles, heels, and between the toes.
- Wash your feet every day with lukewarm water and mild cleansers, and dry them thoroughly, especially between the toes as infections can develop in moist areas.
- Test the temperature of the water before immersing your feet, because the normal ability to sense hot temperature is usually impaired in diabetics. Burns can easily occur.
- Apply a moisturizer after bathing the feet. Because of skin changes associated with diabetes, the feet may become very dry and may crack, potentially causing an infection. Soften dry skin with a non-greasy cream-based product such as the new cream foam technology.
- Soak your feet in lukewarm water to soften the nail before trimming. Do not cut nails down close to the hyponychium or around the nailfold.
- Do not push back cuticles, do not use sharp implements, only use soft file.
- **NEVER** use commercial corn cures - this is so important for clients with diabetes as it is very easy to damage the skin.
- Exercise daily to promote good circulation. Avoid sitting with legs crossed or standing in one position for prolonged periods of time as this slows blood circulation.
- Stop smoking. It decreases blood flow to the feet. ■