

Maximizing compliance to mid-term offloading in outpatients with recurrent diabetic foot ulcers: tolerability and efficacy of orthotic insoles

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Background and Aims: both surgical and non surgical off-loading treatments rely, for success, on strict adherence to therapeutic protocols and a span of time of complete off-load of the foot. Low or partial adherence is an avoidable cause of failure and it's often due to misuse of devices and aids such as post-surgical shoes and offloading insoles. Aim of the ongoing study is to evaluate how adequate training and "tailored" off-loading can improve healing rates through maximizing adherence and proper use of walking aids.

Methods: twenty patients with grade I to III recurrent foot ulcers classified by the University of Texas Diabetic Wound Classification (TUC), had been treated with medications, post-surgical shoes and off-loading customizable insoles (FORS Saluber pixelated offloading insoles) for up to 16 weeks or until healing. All patients either had no indication to complete off-load or couldn't maintain complete off-load due to personal or professional needs. Lesions were as follows: 4 patients grade 1, 8 patients grade 2, 8 patients grade 3.



Despite professional home care wound medications 3 times a week



Complete offload
Normal daily life

Results: 69% of patients healed and didn't show any recurrence at 6 months. 90% of patients showed a significant improvement (at least 1 point in TUC scale) at 16 weeks. 2 patients underwent surgical correction after worsening of the ulcer and therefore achieved complete healing. 2 patients refused both surgical and conservative treatment and dropped out the follow-up.



Conclusions: off-loading insoles, coupled with post-surgical shoes, can be a well-tolerated and usefull addition to the healing process when a surgical approach is not recommended, the patient refuses it or its only partially compliant to total contact casting.