Diabetic Foot Off-loading Algorithm©

based on the ***International Guidelines on the Diabetic Foot /***

PATIENT WITH DIABETES

PREVENTION
REMISSION
ACUTE PHASE

NON REMOVABLE SYSTEM

LOPS[1]: Loss of protective sensation
PAD[2]: Peripheral artery disease

*The International Guidelines on the Diabetic Foot: https://iwgdfguidelines.org/guidelines/guidelines

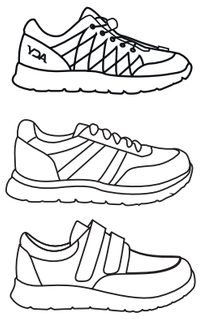
NO ULCERATION — PREVENTION

RISK 0
FOOT AT VERY LOW RISK

NO DEFORMITY NO LOPS[1], NO PAD[2]

Regular shoe

YDA or **YDA PRO** or **MAC1**

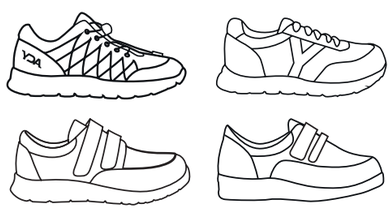


\+ correct education and annual examination

RISK 1
FOOT AT LOW RISK

NO DEFORMITY LOPS[1] or PAD[2]

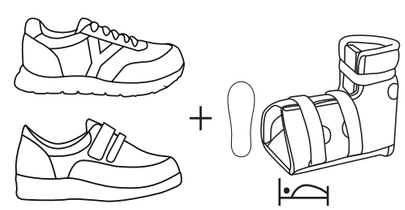
YDA or **YDA PRO** or **MAC1** or **MAC3**



RISK 2
FOOT AT MODERATE RISK

LOPS[1] + PAD[2] OR LOPS[1] + DEFORMITY OR PAD[2] + DEFORMITY OR PREULCERATIVE SIGNS

YDA PRO or **YDA** SUPER **PRO** or **MAC2** or **MAC3** +customized plantar insole **Heel Reliever** during the night and for bedridden patient



NO ULCERATION — REMISSION

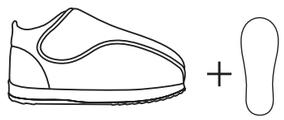
RISK 3
FOOT AT HIGH RISK

LOPS[1] OR PAD[2] + OR HISTORY OF ULCERATION OR MINOR OR MAJOR AMPUTATION - OR END-STAGE RENAL DISEASE

YDA PRO or **YDA** SUPER **PRO** or **MAC2** or **MAC3** + customized plantar insole

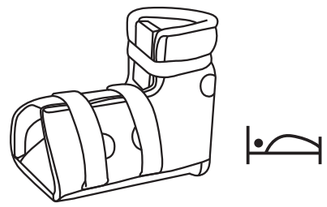
WCS® + customized plantar insole (mild deformity)

AllRound Shoe® + customized plantar insole (severe deformity)



Customized shoes (severe deformity) + customized plantar insole

Heel Reliever for wheelchair and end-stage renal disease/ during the night and for bedridden patient



PLANTAR ULCERS

ACUTE PHASE

NEUROPATHIC PLANTAR **FOREFOOT** AND **MIDFOOT ULCER**

RECOMMENDATION 1a-1b*

Optima Diab
NON REMOVABLE

SBI Motus
NON REMOVABLE

TCC

RECOMMENDATION 2*

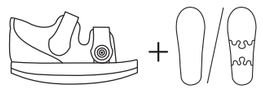
Optima Diab

SBI Motus

Optima PostOp

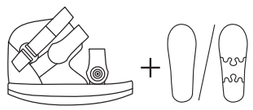
Optima Ground

Optima Europa
+ monolayer plantar insole
or Puzzle®Kit 3*3 plantar insole



Optima Light 0.1

Optima Free + monolayer plantar insole or Puzzle®Kit 3*3 plantar insole

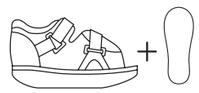


Relief Dual®
+ PegAssist® Insole
or **PegContour®** Insole

Relief Dual® Plus
+ PegAssist® Insole
or **PegContour®** Insole

Commodus Open®
+ PegAssist® Insole

Wcs® + Wcs®
Insole



AllRound Shoe®
+ PegContour®
Insole

RECOMMENDATION 5* and RECOMMENDATION 6*

IF NON-SURGICAL OFFLOADING TREATMENT FAILS:
5. IN THE CASE OF NEUROPATHIC PLANTAR METATARSAL HEAD ULCER, CONSIDER USING ACHILLES TENDON LENGTHENING, METATARSAL HEAD RESECTION(S), OR JOINT ARTHROPLASTY.
6. IN THE CASE OF NEUROPATHIC PLANTAR DIGITAL ULCER, CONSIDER USING DIGITAL FLEXOR TENOTOMY

Optima Diab

SBI Motus

Optima Clheel

SBI W-Heel

Optima PostOp

Optima Europa

Optima Free

Relief Dual®

Relief Dual® Plus

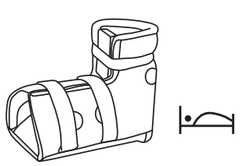
Commodus Open®

WCS®

Optima Light 0.1

Optima Ground

Heel Reliever
for wheelchair and end-stage renal disease/
during the night and for bedridden patient



OTHER ULCERS

ACUTE PHASE

ISCHEMIC AND OR INFECTED PLANTAR ULCER

RECOMMENDATION 7a*

Mild infection or mild ischemia

Optima Diab NON REMOVABLE

SBI Motus NON REMOVABLE

TCC

Optima Clheel

SBI W-Heel

RECOMMENDATION 7b*

Mild infection and mild ischemia or moderate infection or moderate ischemia

Optima Diab

SBI Motus

Optima Clheel

SBI W-Heel

RECOMMENDATION 7c*

Moderate infection and moderate ischemia or severe infection or severe ischemia

ONLY AFTER THE MANAGEMENT OF THE INFECTION AND/OR THE ISCHEMIA

Optima Diab

SBI Motus

Optima Clheel

SBI W-Heel

Optima PostOp

Optima Europa

Optima Light 0.1

Optima Free

AllRound Shoe®+ PegContour® Insole

Wcs®

Relief Dual®+ PegAssist® Insole or **PegContour®** Insole

Relief Dual® Plus + PegAssist® Insole or **PegContour®** Insole

Commodus Open® +PegAssist® Insole

Optima Ground

NEUROPATIC **PLANTAR** ULCER OF THE HEEL

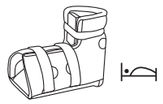
RECOMMENDATION 8*

Optima Clheel NON REMOVABLE

SBI W-Heel NON REMOVABLE

STATIC PREVENTION

Heel Reliever
for wheelchair and end-stage renal disease/ during the night and for bedridden patient



NEUROPATIC **NON PLANTAR** ULCER

RECOMMENDATION 9*

Optima Diab

SBI Motus

Optima PostOp

Optima Free

Optima Ground

Body Armor® Pro Term

Heel Reliever
for wheelchair and end-stage renal disease/ during the night and for bedridden patient

and/or toe spacers or orthoses

MINOR AMPUTATION MANAGEMENT

TOE I-V			TRANSMETATARSAL	LISFRANC / CHOPART/SYME
Optima PostOp	**Wcs®**	**Optima Ground**	**Optima Diab + PLTM** **SBI Motus + PLTM**	**Body Armor® Pro Term**
				

CHARCOT FOOT

ACUTE PHASE			CONVERTION TO CHRONIC		REMISSION
1°	**Offloading Total Contact Cast** + wheelchair		**SBI Motus**	**SBI Frame**	**Mac2** or customized high shoes (in case of severe deformity) + customized plantar insole
2°	**SBI Motus** NON REMOVABLE	**SBI Frame** NON REMOVABLE			
					
3°	**SBI Motus** REMOVABLE	**SBI Frame** REMOVABLE			

Essential Bibliography: A. Piaggesi et al, Foot & Ankle International, April 15, 2016, vol.37, Issue 8, 2016 | A. Piaggesi, Diabetes Care, March 2007, vol.30, no.3 586-590 | J. Donnelly, JWC, vol.20, Number 7, July 2011| R. Dahmen, Diabetes Care 24: 705-709, 2001 | E. Faglia, G. Clerici, Foot Ankle Int., 2013 Feb; 34 (2): 227-7 | D.G.Armstrong, Diabetes Care 24: 1019-1022, 2001 | C. Caravaggi, E. Faglia, Diabetes Care 23: 1746-1751, 2000 D. Armstrong, Diabetes Care, March 2005, vol.28, no. 3 551-554 | Stephanie C. WU, Diabetes Care 31:2118-2119, 2008 | Ira A. Katz, Diabetes Case, March 2005, vol. 28, no. 3 555-559