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Offloading Diabetic Foot Ulcers
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Recommendations for improving Offloading for the Foot in Diabetes

Background

Offloading of the foot of Individuals living with diabetes is a high priority when managing complications such as ulceration. Guidelines for offloading have been produced by the International Working Group for the Diabetic Foot (Bus et al, 2020), but these are not always followed in practice for a range of reasons. This was discussed by a national expert panel, who recommend that these guidelines should be adopted and integrated into local care pathways. These documents can then be used to underpin any action that is required to remove barriers which prevent the podiatrist being able to implement evidenced-based practice in offloading.

An Expert Panel of Key Clinicians met to define steps how evidence-based Offloading can be implemented to improve the quality of care in UK Services.

Introduction

Offloading is one of the most important aspects of care when managing DFUs^{*1}. Therefore, it needs to be given the necessary attention in daily routine, as described in Guideline recommendations.

In many services however, there are significant barriers preventing this evidence-based practice being implemented into everyday routine (Results of 5 national Round Table Meetings). This puts patients at risk and a “cascade of negative complications”^{**2}.



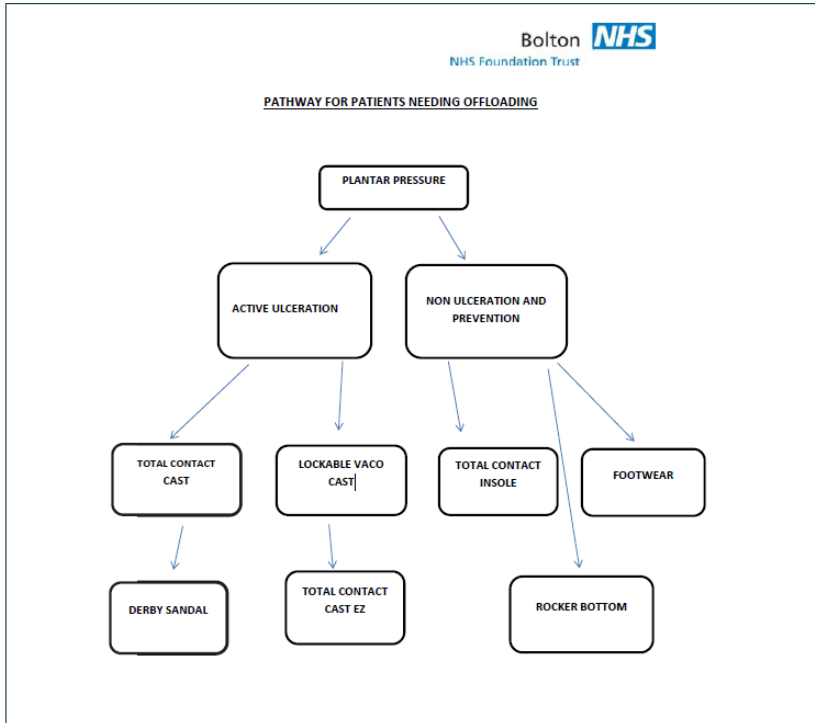
Importance of Clinical Guidelines

IWGDF (Bus 2020) are the most recent Guidelines, encompassing all DFU conditions and the most up to date clinical data. They also can be effectively translated into local pathways to be implemented in daily practice (Examples 1&2).

NICE (2015) gives recommendations for less complex conditions, which does not include the most critical group of patients.

Offloading Guidelines need to be broken down into local pathways to be implemented into daily routine to improve healing outcomes

Two Examples of Local Clinical Pathways:



Diabetic Patient presenting with new Ulceration: Offloading Assessment

Wound targetable for offloading

- Plantar
- Mid/forefoot
- Ambulatory patient

No → Refer to appropriate clinic: e.g. MDT/DC/UC

Yes

Vascular Assessment

- ABPI+ / > 0.8
- (Since wound development)
- Bi/triphasic pulses

Vascular Assessment

- ABPI < 0.8
- (Since wound development)
- Monophasic pulses

Mild or no infection present		Moderate or > infection present	
<p>1st line: non-removable boot</p> <ul style="list-style-type: none"> • TCC • VACOCast Diabetic 	<p>1st line: Removable boot</p> <ul style="list-style-type: none"> • VACOCast Diabetic • Simple walker 	<p>1st line: Removable boot</p> <ul style="list-style-type: none"> • VACOCast Diabetic • Simple walker 	<p>1st line: ankle high Device</p> <ul style="list-style-type: none"> • Scotch cast (removable)
<p>2nd line: Removable boot</p> <ul style="list-style-type: none"> • VACOCast Diabetic • Simple walker 	<p>2nd line: ankle high Device</p> <ul style="list-style-type: none"> • Scotch cast (removable) 	<p>2nd line: Removable Shoe</p> <ul style="list-style-type: none"> • Scotch cast (removable) 	<p>2nd line: Removable Shoe</p> <ul style="list-style-type: none"> • Post OP Sandal
<p>3rd line: non-removable ankle</p> <ul style="list-style-type: none"> • Scotch cast (non-removable) 	<p>3rd line: Removable Shoes</p> <ul style="list-style-type: none"> • Post OP Sandal 	<p>3rd line: Removable Shoe</p> <ul style="list-style-type: none"> • Post OP Sandal 	
<p>4th line: Removable Shoe</p> <ul style="list-style-type: none"> • Scotch cast (removable) • Post OP Sandal 	<p>Additional:</p> <ul style="list-style-type: none"> • Semi-compressed felt can be used in conjunction with all offloading devices • Use with patients own or prescription footwear should be avoided where possible 	<p>Considerations:</p> <ul style="list-style-type: none"> • Increased falls risk • Capacity • Compliance • Declines Consent 	

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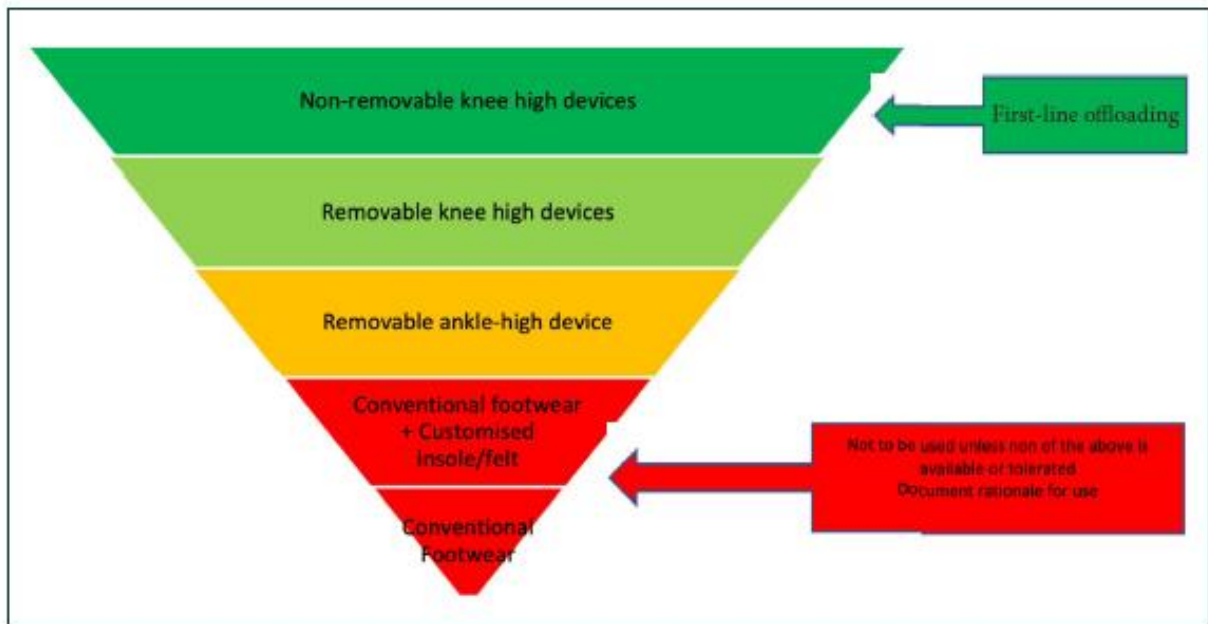
Next steps

Enabling Access to effective Offloading

Logistics and lack of funding are the most common reasons why ineffective offloading like felt is still applied. The local care pathway can be used by the Podiatrist to secure funding for effective offloading. Budgets for offloading needs to be held within the Podiatry department and accessible for hospital and community. Manufacturers should provide basic stock to the point of care as well as delivery of replacement stock.

In hospital and community, the most clinically effective offloading should be used as first line, to avoid deterioration and to accelerate healing of the DFU.

Pyramid to demonstrate patients and budget holders, which method is most and least clinically effective



Sharing Best Practice

Local Care Pathways for Offloading can be used to educate all team members to initiate and maintain effective offloading. Training for the entire team is essential to have confidence and the skills of how to apply the offloading methods.

Healthcare Professionals involved with the patients care need to be aware of the products used.

Patient education should include a realistic picture of the seriousness of their situation, show why this offloading is the best choice for her/him and encourage self help.

Professional Development

Once the evidence based offloading is mirrored in your local pathway, there is a role for an advanced practitioner within Podiatry to develop this practice by training and mentoring the staff, manage the budget and formulary.

She/he also needs to collate clinical outcomes through audit and patient surveys to support further funding applications.

Discussion

- Local offloading pathways based on IWGDF Guidelines are important to underpin funding submission, training and education
- The use of a formulary for offloading in primary and secondary care ensures the patient gets effective offloading already at the first point of contact
- Podiatrists should demonstrate that they can practice evidence-based offloading in DFU management
- Educate patients and encourage them to become proactively involved in improving their DFUs.

Conclusion

Effective offloading is not an option when managing DFUs, but essential to achieve the optimum clinical outcomes. Evidence-based recommendations by IWGDF need to be translated into local pathways for offloading and implemented into daily routine.

Podiatry is the lead profession in managing DGUs and, therefore, have a professional responsibility to ensure that both clinical expertise and effective offloading can be delivered to meet the standard required for evidence -based practice.

Full Text Link

[Recommendations for improving offloading for the foot in diabetes - DiabetesontheNet](#)

^{*1} Bus et.al. 2020

^{*2} Botros et. al. 2017

IWGDF Offloading Guidelines <https://iwgdfguidelines.org/offloading-guideline/>