



Therapeutic footwear ? benefit for diabetics

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Clinical question

Is therapeutic footwear (special shoes/inserts) useful in the prevention of foot reulceration in patients with diabetes?

Bottom line

This study does not support recommendations to provide therapeutic shoes and inserts to diabetic patients with a history of foot ulcer. There was no difference in reulceration rates with special shoes/inserts compared with usual footwear. The overall incidence of ulcers in this study was low, and the authors theorized that the extra attention to the early detection of foot abnormalities in all 3 treatment groups was preventive. Thus, they concluded that overall it is most important to regularly inspect the feet of patients with diabetes and intervene early to treat any problems, especially foot insensitivity. ([LOE = 1b](#))

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Reference

Reiber GE, Smith DG, Wallace C, et al. Effect of therapeutic footwear on foot reulceration in patients with diabetes: a randomized controlled trial. *JAMA* 2002;287:2552-8.

Study design: Randomized controlled trial (non-blinded)

Setting: Outpatient (any)

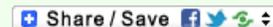
Synopsis

Approximately half of all diabetes-related amputations are attributed to poorly fitting footwear leading to foot ulcers and infections. The researchers identified 763 patients with diabetes and a history of a full-thickness foot lesion or foot infection requiring antibiotics who met eligibility criteria. Of these patients, 400 agreed to be randomized (allocation concealment uncertain) to 1 of 3 groups: 1) specially fit therapeutic shoes with computer-customized medium-density cork inserts with neoprene covers; 2) similar shoes with prefabricated, tapered polyurethane inserts with a brushed nylon cover; or 3) usual footwear. The special therapeutic shoes provided extra depth in the toe box and extra width across the metatarsal heads. Patients were seen every 3 months. Using intention-to-treat analysis, at the end of 2 years, no difference was noted in ulcer recurrence across the 3 groups (15%, cork insert; 14%, prefabricated insert; 17%, usual wear). Only 5 patients were lost to follow-up. Ulcer outcomes were assessed by evaluators blind to treatment group assignment. All ulcer episodes in patients assigned to therapeutic shoes and 88% wearing nonstudy shoes occurred in patients with foot insensitivity.

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