



Foot Care Program Snapshot

Annual Foot Care Events

The Annual Foot Care event travels to various Indigenous communities upon request. The IDHC Foot Care program works with a local host organization and the IDHC regional Family Wellness Workers (FWW) to set up a clinic. The local host can also request a clinic along with various workshops facilitated by either a Foot Care representative or the frontline wellness worker. The program organizes local chiropodists, foot care nurses and reflexologists to come to various communities and provide foot care services once a year. This mobile clinic ensures foot care for those who may not be able to make it to a service provider. Each participant will receive a healthy foot assessment from a foot care specialist, and an introductory session with a Reflexologist. All treatments are optional.

Self-Care Resource Kit

The Self-Care Resource kit was created to assist our Indigenous community members when practicing daily self-care. The kit is provided to clients at outreach and foot care events. The kit contains tools and education required to perform daily foot care. All resources are available for Indigenous diabetic programs in our catchment area via WWW.IDHC.LIFE upon request, and are also available for purchase.

Kit Contents

- Bar of Soap
- Diabetic Socks
- First-Aid Kit
- Foot Care DVD
- Inspection Mirror
- IDHC Pamphlet Series
- Inspirational Stone
- Reminder Magnet and Pen— and more!

Ongoing Foot Care Clinics

A sustainable clinic is a relationship between the host organization, an IDHC service provider and IDHC.

IDHC initiates the relationship between the host and the service provider. The host organization contacts with the service provider to select tentative dates for future clinics. Dates are scheduled six to eight weeks apart. When a community has between six to 15 candidates for subsidies, a Sustainable Clinic may be the most reasonable solution. The host secures a time and place for the ongoing care and provides healthy snacks.

Foot Care Subsidy

IDHC's priority is to serve Indigenous people living with diabetes that have current foot concerns, and are "high risk" under LEAP ranking, and may be elders not qualifying for other funding resources.

The application form for the subsidy program is available on the IDHC website. This component is set up for ongoing treatment at foot care office sites. Limited coverage for orthotics and shoes is available for qualifying applicants.

For more information, contact the IDHC Foot Care Program at C. 289-668-0551 or T. 1-888-514-1370 or T. 705-222-1370 x201 or fcc@idhc.life

The Power to Save Your Feet is in Your Hands

The sooner treatment begins, the greater the chances your feet will last a lifetime. Follow these recommendations carefully and bring even minor, unhealed foot irritations to the attention of your doctor, without delay.



Wash your feet every day with mild soap and lukewarm water. Test the water temperature first with your elbow to ensure it is not too hot. Do not soak your feet. Soaking can cause your skin to dry and crack. Dry your feet gently, especially between the toes. Keep skin from cracking by using moisturizing lotion daily on dry skin.

Check your feet every day. Inspect the tops and bottoms of your feet. If you cannot see the bottoms of your feet, use a mirror. Check for scratches, cracks, cuts or blisters, especially between the toes and around the heel. Check for ingrown toenails, corns, calluses and sores. Note changes in colour, temperature or shape.

Protect your feet. Do not walk barefoot, even indoors. Break in new shoes slowly, wearing them for only one or two hours at a time. Always wear clean socks that are made of natural fibre (such as cotton) with your shoes. Socks should not be too tight around the foot or ankle and should have smooth seams.

Take care of your toenails. See your footcare service provider regularly for necessary trimming and other appropriate care.

Keep your blood flowing. Avoid wearing tight garters or socks. If you smoke, try to quit. Smoking decreases blood flow to the feet.



Diabetic Foot Facts

- Diabetes affects about 5% of the world population. More people in Canada
- Up to five percent of all people with diabetes currently have a foot problem
- Foot complication is the number one cause of hospital admissions for diabetics
- One in six people with diabetes will develop an ulceration in their life time
- Most (85% +) amputations begin with ulceration
- Almost half (43%) of all people with diabetes have their first hospital admission associated with a foot ulceration and/or infection
- Up to 70% of all amputations are related to diabetes
- Those with diabetes are up to 40 times more likely to suffer an amputation
- Every 30 seconds a leg is lost to diabetes somewhere in the world
- Mortality rate is highest post ulceration or amputation

Symptoms present in more than 60% all longstanding people with diabetes

- Sensation loss: unable to feel pain related to an undetected injury
- Circulation loss: a 70-year-old person with diabetes has 70 times increased chance for gangrene due to

The Roles Played by IDHC Foot Care Team

Foot care specialists, such as chiropodists or foot care nurses, are medically trained to identify and treat common foot concerns. They check foot circulation and test nerves in client's feet.

***The monofilament test** This test uses a small plastic string to touch the skin on the feet and how well we can sense it. Along with daily self-inspections, those living with diabetes should have a professional foot screening at least once per year.*

Reflexology is the application of pressure to areas on the feet, hands and ears. Reflexology is generally relaxing and may alleviate stress. The theory behind reflexology is that areas of the feet correspond to organs and systems of the body. Proponents believe that pressure applied to these areas affects the organs and benefits overall health.

Reflexologists use foot charts to guide them as they apply pressure to specific areas.

Source: Mayo Clinic 2016

Together, our foot care specialists and reflexologists work to help us walk with happy, healthy feet!



My Diabetic Journey

Early Life Living Traditional Native lifestyle

In 1952, I was born at Nut Lake Indian Reserve (Rose Valley Saskatchewan). This reserve is now known as Yellow Quill First Nation. For the first 13 years of my life, I lived a cultural and traditional native lifestyle.

Our diet consisted of food that was derived from local wild vegetables, berries, herbs, and wildlife that were abundant in the area in which I grew up. At 10-years of age, my life was turned upside down by the separation of my parents. My siblings and I lived with our father. My life was turned upside down again at 13 with my introduction to the foster home system.

Since that time I have been living a lifestyle and eating a diet unknown to me until that point in time and to which body was unaccustomed. I have lived most of my adult life with this deadly silent disease called diabetes. Due to my ignorance of this disease, and with no education or information offered to me about diabetes from my doctor, I suffered all the complications that are a result of this disease.

The Diagnosis

In 1974, I was diagnosed as a diabetic, given a prescription for some pills, and sent home. A few months later, on an unrelated doctor's visit, I was asked to take blood tests. From this, I was then advised that my blood sugar levels were way too high, and that I would have to take some injections of insulin to control my diabetes. I was given an orange, a syringe and was told to practice injecting a saline solution into the orange for a few minutes. I was then informed that I knew what I was doing. I was then given another prescription for syringes, insulin and sent on my way again. I was never educated on how to control my diabetes.

I always felt like I was carrying around a silent disease that I couldn't discuss with anyone. Diabetes was such a silent disease that no one ever mentioned the word. It wasn't until years later that I received information about diabetes, and the complications that could arise because of the uncontrolled sugar levels in my blood.

I continued to work as a carpenter until September 1999. At this time that I had developed kidney failure, and had to go on dialysis. I continued to experience drastic complications of this deadly disease. In 2001, I had to have a stent put in my heart because one of my aorta valves had collapsed.

In the fall of 2002, two small toes were amputated from my left foot due to an infection and poor circulation. In 2003 I also had eye surgery because I was going blind. I had cataracts removed from both my eyes and implants were put in to help me see. Previous to this operation I'd also had several laser procedures done to both of my eyes, which had caused major scarring on both retinas.

On April 13, 2004 I had a cadaver renal transplant, which gave me a new lease on life. Six months after my transplant, I went back to work. A few months later, I stubbed my right big toe. It got infected, and because of poor circulation due to my diabetes, I had to undergo an amputation on my right leg on March 1, 2005.

Physical and Mental Components of the Disease

It was at this time in my life that another complication of diabetes occurred. Depression and mental illness is a major part of diabetes in the Native community, and it occurs when people don't know how to talk to anyone about what is happening to them. After my amputation, I turned to pain killer medication to treat my physical and now mental pain. I was always feeling negative and blaming everyone else but myself for what I was going through. I started to push away, and hurt the people that were closest to me (my immediate family). The turning point in my self-destructive journey was when I went and talked to a traditional counselor at the Can-Am Centre in Windsor. He talked to me about my Native traditional and cultural roots and advised me to use the teachings from my past to help me on my healing journey.

Health & Wellness in the Native Community

My future goal is to promote Health and Wellness in the Native community, and to educate people with diabetes about this disease. I returned to school and graduated with a diploma from the Community Worker Program at George Brown College. I had acquired the tools I needed to help me do some in-depth research, and further educate myself on this disease. A couple of the venues that I used in my educational process were while I was in college. I did my work placement with Mary Pheasant, Family Wellness Worker, who was working for the Southern Ontario Aboriginal Diabetes Initiative (now called IDHC).

In early 2009 I was also involved in making an informative and educational documentary on diabetes within the Indigenous community with Director Lalita Kirshna from In-Sync Video. This documentary is called "A Bit of Sugar", and was aired on OMNI Television in early 2010.

What I went through all these years living with diabetes and the complications from this disease, in comparison to the informative lifestyle I'm living today, allows me to write that "knowledge and education is the key in controlling this disease and to living a happy and healthy life." I will continue to provide my knowledge and educate people on diabetes in the future.

Sincerely, John (Victor) Munroe

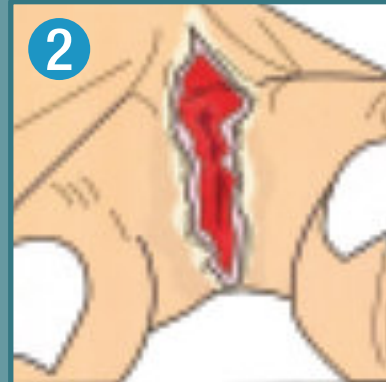
The great John (Victor) Munroe has now entered the spirit world his story forever lives on.

Common Foot Problems



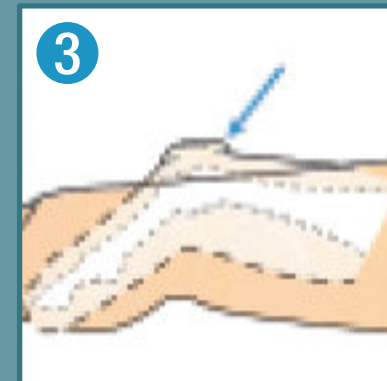
Bunion

When the base of your big toe extends beyond the normal profile of your foot, the bump that results is called a bunion.



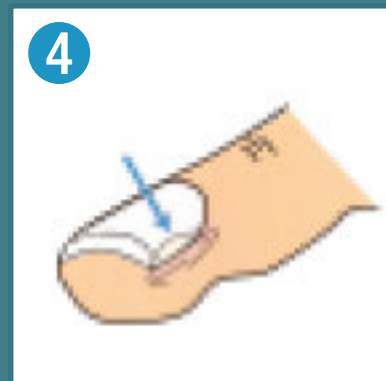
Ulceration

Between the toes from wearing thongs.



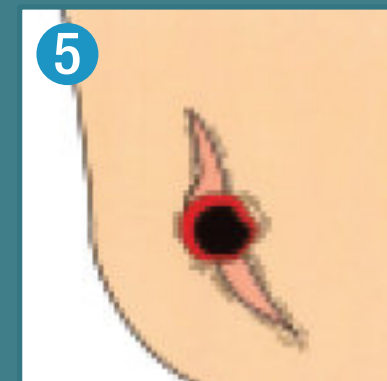
Corn

Caused from external pressure in a small defined area.



Ingrown Toenail

Results when toenail grow into the flesh of the toe. Tissue around the nail becomes infected.

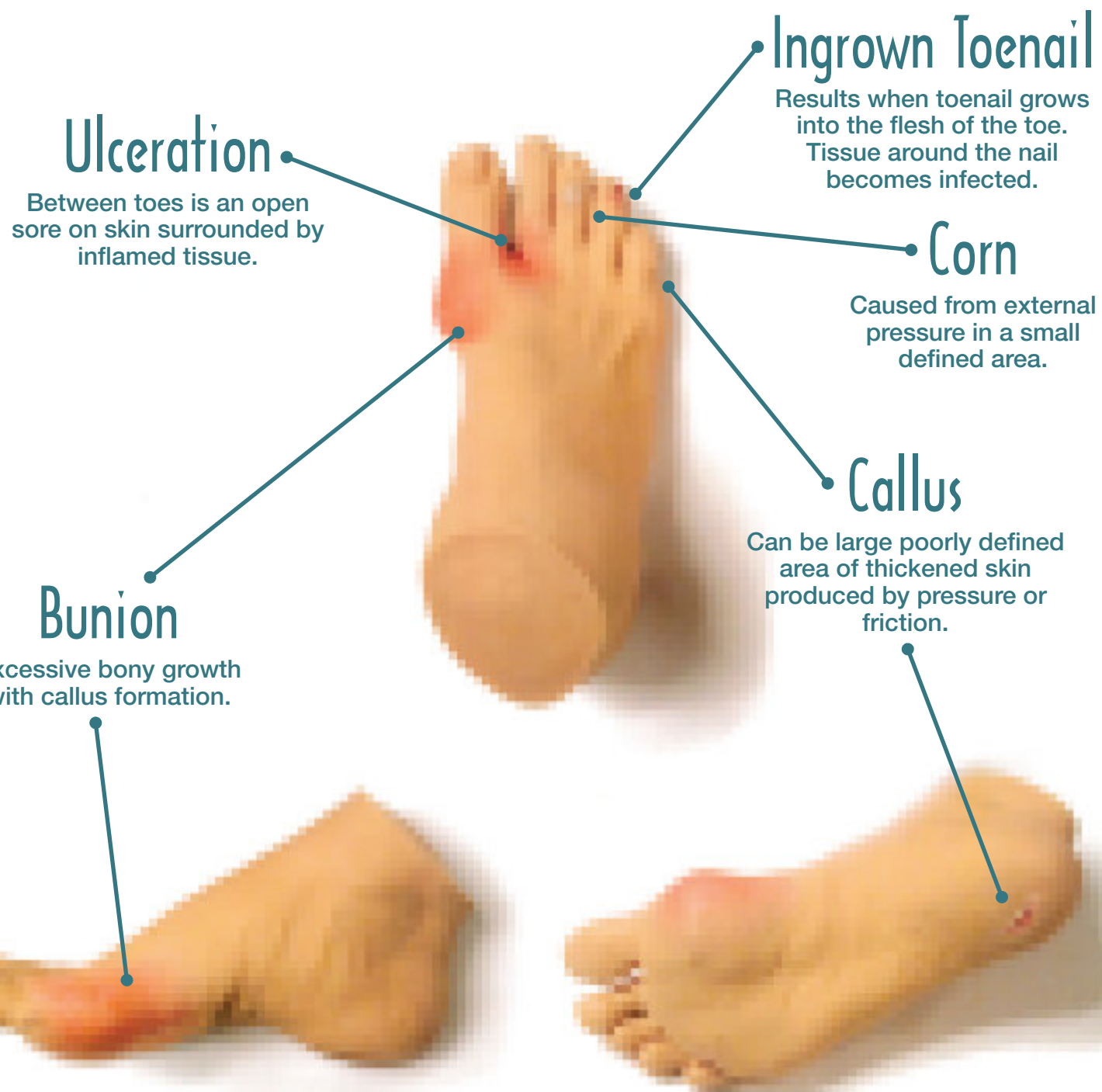


Callus

Callus of distal part of lateral sole. Cracking allows entry of bacteria.



Common Foot Problems



Reflexology Possible Reactions

Cold: The client may feel cold due to relaxation with the removal of stress enhanced circulation, and the evaporative cooling effect of perspiration.

Eyes Watering May cause the eyes to water due to the cleansing release from the lacrimal glands because of enhanced circulation and relaxation with the removal of stress

Frequent Bowel Movements

Stimulation of the digestive system may normalize and increase bowel movements due to the following:

- Liver increases bile production
- Gallbladder releases bile for emulsifying fats
- Pancreas aiding the digestive functions
- Small and large intestines processing, passing and eliminating food and waste materials
- Ileocecal valve elicits peristalsis for elimination

Gas Release May cause gas due to the improved digestive functions and the removal of stress due to relaxation

Headache and Nausea May cause headaches due to detoxification, removal of stress including psychological stress and enhanced circulation. Nausea may be caused by detoxification and improved digestion

Increased Urination May cause increased urination due to the normalization of the urinary system because of obstruction release, relaxation with the removal of stress, normalized metabolisms and the parasympathetic response to balance

Improved Digestion May cause improved digestion and appetite due to digestion system normalization and relaxation with removal of stress and parasympathetic response to balance

Pain Release May cause the release of pain the in nerves and muscles, parts, organs or glands due to the relaxation and removal of stress because of enhance circulation, and the parasympathetic response to balance

Skin Reaction May cause a skin reaction due to the detoxification of an existing disorder affecting the body because of enhanced circulation and the normalization of the metabolism

Taste in Mouth May have disagreeable taste in mouth due to cleansing of toxins within the digestive system.

Perspiration May cause perspiration due to detoxification, relaxation with the removal of stress, enhanced circulation, and the release of excess fluid in the lymph

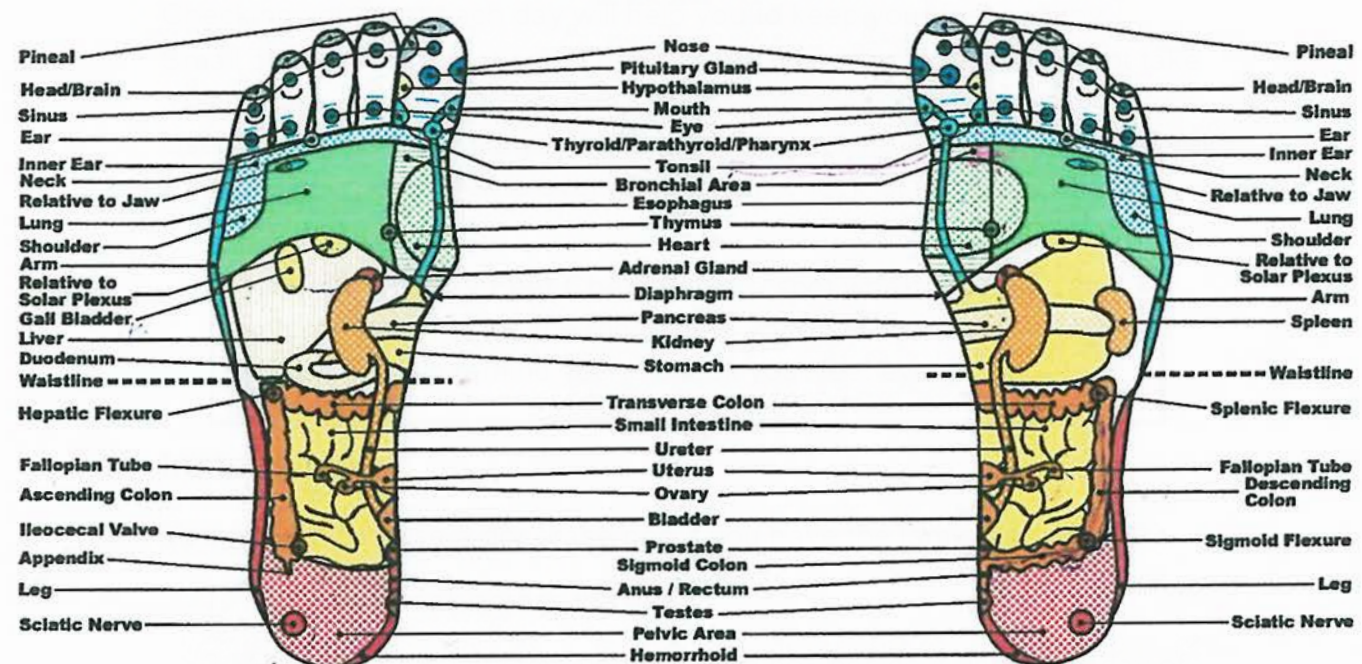
Mucus May be caused by detoxification, release of mucus from the sinuses and the walls of the small and large intestines

Tiredness May cause tiredness due to relaxation with the removal of stress, normalizing metabolisms and the body responding in a parasympathetic response to elimination

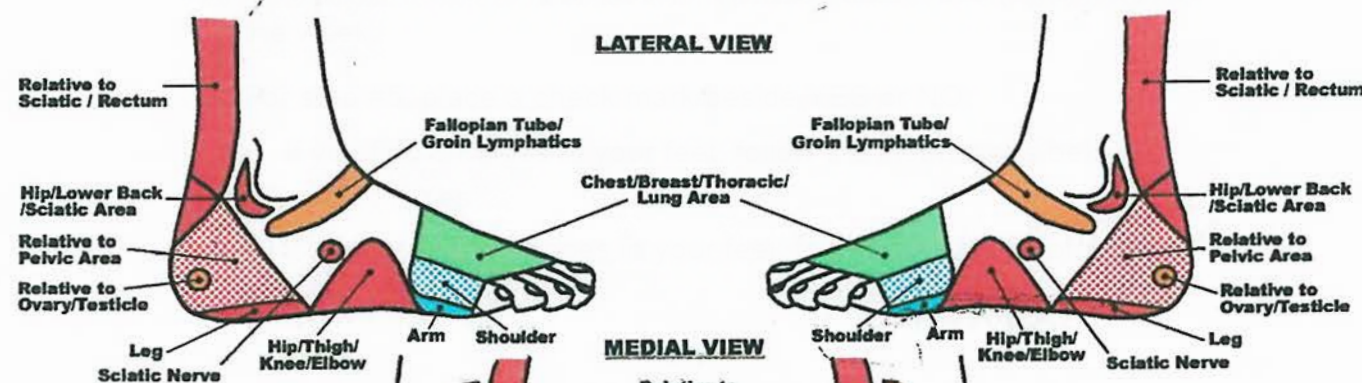
RIGHT FOOT

LEFT FOOT

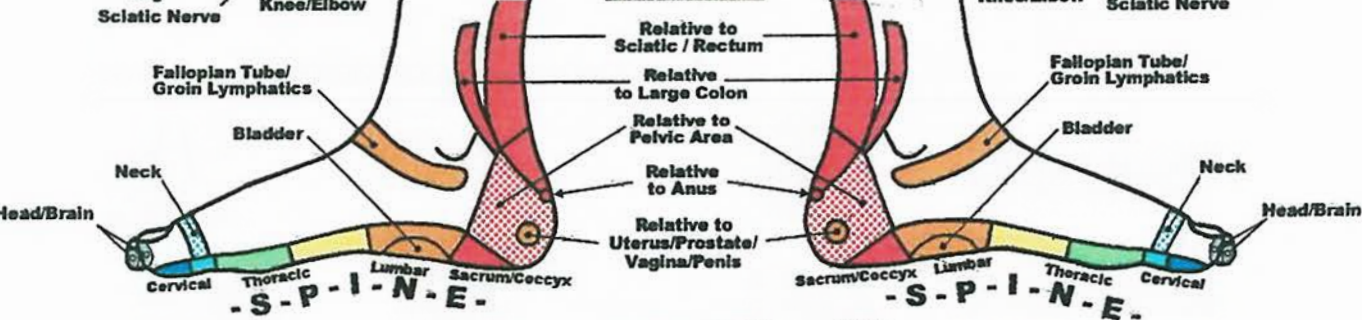
PLANTAR VIEW



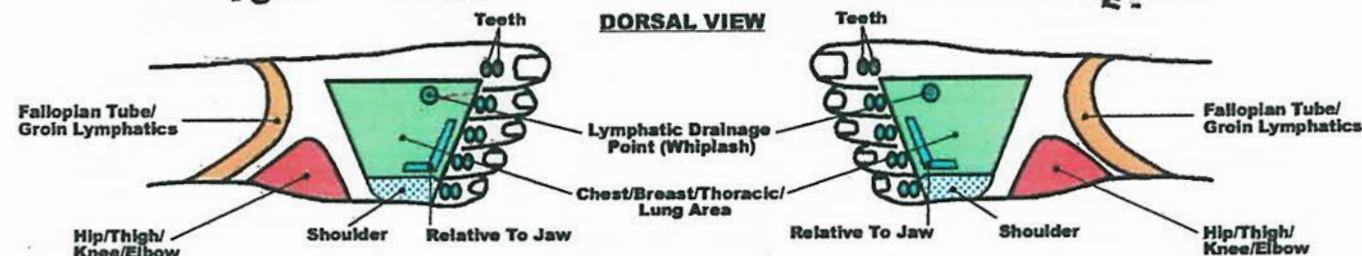
LATERAL VIEW



MEDIAL VIEW



DORSAL VIEW



My Healthy Feet Checklist Instructions

Checking your feet each day will help keep your feet healthy. Small cuts can go unnoticed and can become infected if you do not take a close look at your feet regularly. It is best to check your feet every day. Use this checklist to help you keep track of checking your feet each day for a week. When the week is over, start a new checklist for the next week.

Place "My Healthy Feet Checklist" in a spot where you will see it every day—such as on the fridge or in your bathroom. Ask a family member to help remind you to check your feet every day.

Instructions

You will need to use a dry erase pen if you have the laminated version.

1. Write the week across the top.
2. After you complete each step, check off the box beside it under the day of the week.
3. For step #5, place a check mark beside YES or NO:
 - If you find changes in your feet, follow the instructions below under "If Yes."
 - If there are no changes in your feet, follow the instructions below under "If No."

My Healthy Feet Checklist Instructions

I have healthy feet because...

Week of: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I have looked at my feet today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have washed my feet today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have dried between my toes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have put lotion on the tops and bottoms of my feet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have found changes in my feet today.	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

If **YES**:

- I have decided to get help and called my health care provider for an appointment, or will visit an urgent care centre.



I have healthy feet.

_____ date & time of appointment

If **NO**:

- I have put on my clean, light coloured socks
- I have checked my shoes and put them on.