Charcot Foot is also called neuroarthropathy and occurs in the feet of people with ‘peripheral neuropathy’ (lack of sensation). The bones and joints of the foot become disorganised, have multiple fractures and appear as if they have a severe form of arthritis.

It often doesn’t take much of an injury to start an acute episode; this could be as simple as a minor twist. Due to the neuropathy there will be a dulling of the pain. The most noticeable change is a difference in temperature, swelling or colour between your two feet.

It is very important should you notice a change in discomfort, swelling and heat in your foot to seek medical attention immediately.

The acute phase:
In the acute phase the foot is very vulnerable to permanent damage. It is important to seek attention from a health practitioner who understands Charcot Foot or a specialised high risk foot service. In the early stages, it is important to closely review temperature changes in the affected foot. This is likely to mean a weekly review for an extended period of time.

You will need to have the load reduced from your feet through use of a moon boot or similar type of device while the joints are actively inflamed. Without this level of support your foot can be permanently damaged beyond repair.

The chronic phase:
When the acute phase of the Charcot Foot condition has settled you will be able to gradually weight-bear on the foot again. X-rays will be used to monitor your condition. At this stage of repair it is critical to stay in contact with your high risk foot team and follow instructions carefully.

Even if you have had an acute episode of Charcot Foot before, it is likely that your foot will have changed shape and you will require custom made orthoses and shoes.

Charcot Foot may affect either one of your feet. It is possible, but unlikely to affect both of your feet at the same time. It’s also possible that the condition can return and flare up to another acute episode. You will still need to protect the other foot as it will be taking most of the load in walking and is also at risk.

Things to do:
- Wear your walker or custom made shoes at all times.
- Check your shoes and feet daily for areas that have become rubbed, the skin will be red when you remove your shoes.
- Take care when washing feet with soap and water. Check the temperature of the water with your hand or elbow if your feet have lost sensation. Take care to wash in-between the toes.
- Do not soak your feet, as this could lead to infections.
- Check your feet daily for changes such as cuts, blisters, bruises or colour changes, swelling or open sores. Report them to your healthcare professional (podiatrist, nurse, doctor) without delay.
**Things to avoid:**

- Avoid shoes that can damage your feet such as tight shoes that rub your skin red and unprotective footwear such as thongs/flip-flops.
- Never use corn plasters and acid solutions on your skin.
- If you smoke, you are strongly advised to stop. Seek help from your general practitioner or pharmacist. Try the Quit line: www.quitnow.gov.au or phone 13 78 48.

**Personal advice:**

Should you experience any signs of foot infection seek medical help immediately. These signs include:

- redness around a wound or cut
- new pain after an injury
- unusual swelling in your feet or legs.

**Your next podiatry appointment:**

You are advised to have your next complete foot assessment in _____ months. This will be due on _________________.

If you require any further information or assistance, please contact QUT Health Clinics on 07 3138 9777.