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David G. Armstrong, DPM, MD, PhD
Professor of Surgery
Director, Southern Arizona Limb Salvage Alliance (SALSA)
University of Arizona College of Medicine, Tucson, AZ, US

Suzie Ehmann, DPT CWS CLT-LANA
Clinical Specialist, Rehabilitation,
Carolinas HealthCare System
– Stanly, Albemarle, NC, US

Paul M. Glat, MD
Chief, Section of Plastic Surgery,
St. Christopher's Hospital for
Children. Professor of Surgery
and Pediatrics, Drexel University
College of Medicine,
Philadelphia, PA, US

John C. Lantis II, MD, FACS
Chief of Vascular and
Endovascular Surgery and
Director of Surgical Clinical
Research Mt Sinai St Luke's and
West Hospitals Professor of
Surgery; Icahn School of Medicine
New York, NY, US

Harry Penny
DPM, DABPM, FAPWHc
University of Pittsburgh Medical
Center Wound Center, Altoona
Diplomat of American Board
Podiatric Medicine, Fellow
Academy of Physicians in Wound
Healing Physician (APWH), US

Tania J. Phillips MD FRCP
Professor of Dermatology
Boston University School of
Medicine, Boston, MA, US

Randall D. Wolcott, MD
Founder, Southwest Regional
Wound Care Center 2002 Oxford
Ave
Lubbock, TX 79410, US

Kevin Woo, PhD, RN, FAPWCA
Assistant Professor, Faculty of
Health Sciences, Kingston,
Ontario, Canada



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Editor

Rachel Webb
rachel.webb@markallengroup.com

Chief Sub Editor

Camila Fronzo

Sub Editor

Lindsey Stewart

Commercial Manager

Samuel Eades
Samuel.Eades@markallengroup.com

Circulation Director

Sally Boettcher
sally.boettcher@markallengroup.com

Production Manager

Jon Redmayne

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Larry Oakes

Managing Director

Anthony Kerr
anthony.kerr@markallengroup.com

Editorial Director

Julie Smith

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DFU offloading: we know what works, why don't we do it?

Diabetic foot ulcers (DFUs) are one of the most common clinical conditions treated by wound care practitioners. In recent years, it seems there is ever increasing focus on the use of advanced wound care products although it has long been established that effective offloading is likely the most critical component of the standard of care (SoC).

One might think that wound care practitioners (WCPs) have reached a consensus on the SoC for offloading? Unfortunately, it is not the case.

- Surveys of WCPs have consistently shown that while total contact cast (TCC) is often viewed as the 'best' care, it is infrequently used.¹
- Approaches involving the use of surgical shoes and/or shoe modifications are most commonly reported, although there is little systematically collected data to establish which specific shoe-based approaches are most effective.²
- The only offloading options that are routinely covered by Medicare (or insurance), total contact casting (TCC) which is used infrequently and is inappropriate or not 'accepted' by many physicians or patients.

WCPs are aware that had some of these non-healing wounds been offloaded more effectively, diabetic foot complications could be avoided. Reasons that patients are often not offloaded using TCC are well known, such as maintaining mobility at work or home or are contraindicated.

So what is the bottom line: WCPs have effectively concluded that offloading therapies that are reimbursed are frequently not feasible. So, if we as WCPs have de-facto determined that shoe-based offloading approaches are SoC, why haven't we pursued reimbursement for shoe-based approaches?

If inexpensive and convenient offloading devices can reduce DFU healing times, why aren't we using these routinely and why aren't these covered by insurance? The fact that these devices are not covered³ is likely contributing to the incidence of stagnating and non-healing wounds requiring expensive advanced wound healing products. Focusing on reimbursement of offloading footwear would be a good investment for health-care systems to help contain DFU costs. Medical societies should be unified in efforts to work with legislators to address this reimbursement oversight. **JWC**

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Harry L. Penny DPM, DABPM, FAPWHC, is a practicing podiatrist and wound care consultant and a clinical instructor for the family practice residency program at the University of Pittsburgh Medical Center, Altoona, PA.; Certified in Wound Care by the Council for Medical Education and Testing (CMET), and serves as Vice President of the Academy of Physicians in Wound Healing