## Early Intervention Can Save Lives; Put Your Patients' Feet First

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According to the Centers for Disease Control and Prevention (CDC), over 38 million people in the United States have diabetes.<sup>1</sup> The federal agency estimates that 1 in 5 of those people remain undiagnosed and an additional 97.6 million adults have prediabetes.

As evidenced by these statistics, diabetes has become an epidemic in the US, and the demand for diabetic wound care is only going to increase. The diabetic foot ulcer is commonly seen as a marker of far more serious underlying conditions, often correlated with peripheral arterial disease, heart attack stroke renal disease a

heart attack, stroke, renal disease and amputation.<sup>2</sup>

The American Podiatric Medical Association (APMA) estimates more than 100,000 lower limbs are amputated every year due to complications from diabetes.<sup>3</sup> The good news is that comprehensive foot care programs provided by podiatrists can reduce amputation rates by up to 85%.<sup>4</sup> It is vital that podiatrists are prepared to treat the expected increase of diabetic patients with chronic wounds. One way to do this is by utilizing a patient chair designed to provide unobstructed access to the wound site, enhancing the ability to provide quality preventive care.

Having the right type of equipment within the clinical environment can increase workflow efficiency and ergonomics positively impacting the delivery of care. How the equipment is designed can mean the difference between complementing the patient/provider interaction or creating inefficiencies in your environment that can inhibit this interaction.

When it comes to equipment, the primary focal point of the podiatry office is the patient chair. As more procedures are performed at the point of care, a procedure chair, such as the Midmark<sup>\*</sup> 647 Podiatry Chair, that combines the functionality and patient positioning of a clinical device with the design elements of a chair can help maintain patient comfort and provider ergonomics during lengthy procedures.

Following are examples of how this type of podiatry chair can help providers better administer diabetic wound care by enhancing the experience and increasing efficiency.



## Enhancing Experience: Powered base, back and tilt are designed to provide effortless

are designed to provide effortless positioning, while easy-to-reach release handles on both sides of foot section allow smooth, one-handed operation.

• Low, 21-inch seat height allows patient access to the chair.

• Natural chair-like position and ergonomic foot section design keeps patients comfortable during procedures while allowing podiatrists to work from a comfortable position whether seated or standing.

## **Increasing Efficiency:**

• Programmable, one-touch patient positioning allows all sections of the chair to move simultaneously.

• Power height, back and tilt allow podiatrists to move patients

quickly and precisely into the most effective position for procedures.

• Aseptic design of foot section glides simplifies cleaning and maintenance by helping prevent debris and dirt build up.

To perform high-quality wound care, providers need a podiatry chair that offers efficiency, access and ergonomics.

As more people are diagnosed with diabetes, podiatrists have become the point persons on the wound management team, often the first to recognize the presence of or the impending formation of a limb- or life-threatening wound. To perform this high-quality work, providers need a podiatry chair that offers efficiency, access and ergonomics.

Learn more about the Midmark 647 at: midmark.com/ podiatrychair or click here.

<sup>1</sup> https://www.cdc.gov/diabetes/health-equity/diabetes-by-the-numbers.html#: ~ :text = Total% 20Diabetes% 20 1% 2038.4% 20million% 20people% 20have% 20diabetes% E2% 80% 94that% E2% 80% 99s,diagnosed% 20and% 20 do% 20not% 20know% 20they% 20have% 20it

- <sup>2</sup> https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3601928/
- <sup>3</sup> https://www.apma.org/diabetescare
- <sup>4</sup> https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3601928/
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