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Advice for looking after your Charcot foot to reduce the risk of deformities, non-healing wounds or amputation

Diabetes information and advice to help protect your life and limbs

This leaflet is for all people with a diagnosis of diabetes, including children over the age of 12.

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What is Charcot foot?

Charcot foot is a very serious complication of diabetes that can develop if you have nerve damage (known as peripheral sensory neuropathy) in your feet.

Charcot foot causes the bones of your foot to become fragile, which means that they may break or dislocate easily, even if you don't injure them directly. Most patients cannot recall injuring their feet at all. If you have damaged nerves in your feet, you may still be able to walk on your foot after injuring it without feeling any pain. If this happens, your foot can become severely deformed and the shape of your foot will not return to normal, which will make it very difficult to find shoes that fit properly. It is important that you notice any problem early and get professional help.

Why is this important?

Charcot foot, with or without ulcers, is a very serious complication as it is linked to an increased risk of heart attacks, strokes, amputations of the foot or leg and early death. Any change to the shape of the foot increases the risk of foot ulcers. Charcot foot usually takes between six and 18 months to settle down and can have a significant effect on your quality of life and mental health. You will need to wear a cast or a specialist walker boot at all times until your foot settles down.

What can I do to reduce the risk of problems?

Managing your diabetes, cholesterol and blood pressure, stopping smoking, increasing physical activity and managing your weight helps to reduce the risk of these life-and limb-threatening problems.

Getting help early prevents further damage happening to your foot.

How will I know if I've got Charcot foot?

The early signs of Charcot foot are swelling and warmth in the affected area of the foot or ankle. There may be some redness, which is sometimes mistaken for infection. Usually there is no pain (because of nerve damage), but this is not always the case. In most cases only one foot is affected. However, in some rare cases people can develop Charcot foot in both feet, although this is very unlikely to happen at the same time. Your foot may become deformed if you do not get appropriate treatment early enough and you continue to walk on it.

If you develop any of the problems in the list below, it is important that you contact your Multi-disciplinary Foot Care Team, local Podiatry Department or doctor (GP) for advice as soon as possible (within 24 hours).

If none of these are available, please contact NHS 111 by ringing 111. They may advise you to go to your local accident and emergency department.

- An accident or injury to a toe or foot
- A change in the colour or shape of your foot, or swelling to a toe or foot
- A change in the temperature of your foot or lower limb
- New or unexplained pain in your foot
- Oozing or odour from a wound on a toe or foot
- A wound or break in the skin to a toe or foot
- Any concerns with rubbing caused by a specialist footwear or support.

Any delay in getting advice or treatment can lead to serious problems.

If you discover any breaks in the skin or blisters, cover them with a sterile dressing. Do not burst blisters.

Who will treat my foot?

Ideally, your Charcot foot should be treated and managed by a specialist diabetes foot service who are experienced in diabetes foot complications. You should be referred to a podiatrist with the skills and experience to provide you with the most appropriate treatment and access to a multi-disciplinary team. This may be made up of a variety of healthcare professionals or an individual with experience in treating this condition.

What is the aim of my treatment?

There are three important aims of treating Charcot foot.

- Preventing a permanent change to the shape of your foot
- Preventing future problems
- Reducing the risks to your limbs and life.

What will the treatment consist of?

The only effective treatment is to reduce the weight or pressure on the foot to prevent the joint from moving or the foot deforming. This is done with some form of cast or orthopaedic walker boot (in the same way as if you had broken a bone). You may have to wear a cast for three times longer (sometimes more) than someone who does not have diabetes and who has suffered a similar injury, fracture or dislocation. The treatment you receive will depend on your local specialist diabetes foot service.

Treatment options

A plaster cast that your healthcare professional will regularly review and change when needed.

- An orthopaedic boot (walker) which may include a prescription insole that your healthcare professional will regularly review
- You will need regular appointments with a member of the specialist diabetes foot service to check the temperature of your foot
- You will have an X-ray when needed
- You may also have an MRI scan.

These methods of treating Charcot foot have been proven successful, but you will need to closely follow the advice you are given.

What can I do to reduce my risk of developing problems?

You should attend your appointments with a member of the specialist diabetes foot team. If you have been provided with prescription footwear, these should be the only shoes you wear. Prescription footwear can reduce the risk of ulcers but cannot remove the risk altogether.

How can I help my condition?

You should follow the advice you are given on foot health and any other medical advice you are given. You will need to keep your weight off your foot as much as possible to avoid the risk of deformity (which could lead to disability in the long term).

The following advice will help you manage your condition:

- Follow the advice from your medical team on managing your diabetes
- Keep checking both your feet between appointments with the specialist foot service
- Follow the care and advice you have been given to protect your Charcot foot

- Make sure you wear the footwear you have been given or advised to wear. This will reduce the risk of further problems developing on the other foot because of the extra pressure on your Charcot foot
- You can get advice from your specialist diabetes foot service about weight-bearing, and aids such as crutches, sticks and wheelchairs that can help keep the weight off your foot
- People with Charcot foot will need to ask their Diabetes Team about non-weight-bearing cardiovascular exercise, so as not to risk further harm to the damaged foot

Note: You may be at further risk of cardiovascular problems if you have a family history of heart disease.

- If you smoke, you are strongly advised to stop. Smoking affects your circulation, which can increase the likelihood of amputation
- Living with Charcot foot can be very challenging and can affect your quality of life and mental health. If you are affected by this, speak to your specialist podiatrist, normal diabetes care provider or healthcare practitioner at your GP practice to get the right advice and support.

Your specialist diabetes foot service is here to support you, help you manage your Charcot foot, offer advice and answer any questions you may have.

When your condition has settled down

Even with appropriate treatment there still may be some changes in the shape of your foot. If you need prescription footwear and insoles, you will need to have regular check-ups with a podiatrist and maybe an orthotist with specialist training.

Once your foot has healed, you will need to take particular care of your feet as there is an increased risk of Charcot foot returning.

Individual advice

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Local contact numbers

Podiatry Department or Foot Protection Team:

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Multi-disciplinary Foot Care Team:

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Normal Diabetes Clinic:

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