# Foot Skin And Nail Care For People With Diabetes: Are We Prioritizing Or Neglecting It?

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#### Introduction

Health professionals involved in the care of people with diabetes, including nurses, chiropodists, dietitians, physiotherapists, occupational therapists, general practitioners and diabetes educators, play a key role in educating and preparing these individuals and their caregivers/ family members to embark on a self-care journey to prevent foot skin and nail complications.

While early signs of metabolic imbalance (e.g., blurred vision, fatigue, obesity) are usually noticed by individuals with diabetes mellitus, not all of them understand nail and skin changes/ issues as early complications of diabetes. As a result, they may ignore or underestimate these changes, or decide to apply over-the-counter medications that are not appropriate and can lead to further issues (e.g., foot ulceration, skin infection).<sup>1</sup> These are signs of a lack of preparedness to monitor their disease, identify its early signs of complications and then take appropriate actions to prevent further issues. Thus, the lack of support and education to prepare these patients to embark on their self-care journey ends up contributing to late diagnosis, and the development of complications.<sup>2,3</sup> This paper aims to discuss the main changes in the skin, nails and feet of people with diabetes and highlights the importance of involving, educating and supporting individuals with diabetes in skin and foot self-care.

#### Diabetes-Related Skin And Nail Complications

There are numerous skin and nail changes related



to poor glycemic management or metabolic disorder. Among the most common skin changes are xerosis (dry skin) and pruritus, which may lead to lesions or ulcerations. The development of keratoses (thick skin) in people with diabetes, usually caused by ill-fitting shoes, places them at greater risk of easily developing calluses and 'invisible' lesions underneath. The nails and adjacent skin of people with diabetes are also at increased risk of developing bacterial and fungal infections which are often manifested by colour changes (e.g., whitish, yellowish or greenish).<sup>2,4,5</sup>

Skin and nail disorders are often underdiagnosed.<sup>2,6</sup> Thus, it is important to schedule regular skin and nail assessments and, if necessary, immediate treatment of such changes to avoid more serious complications.<sup>7</sup> In this case, the nurse plays an important role in the early detection of these alterations, through regular physical assessments and referral to specialists when detecting disorders that are beyond their professional scope.

There are several clinical changes and complications that people with diabetes experience in relation to their skin, nails and feet. These alterations are mainly categorized as infectious, vascular, and neuropathic alterations, the latter being a possible precursor of the diabetic foot – a condition in which foot ulcers form on individuals with diabetes.<sup>7,9</sup> Many of these problems can be detected early, with the involvement of patients in the daily practice of self-care, including optimal glycemic management, choosing appropriate shoes, skin hydration and healthy diet, among others.<sup>3</sup>

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#### **Foot Skin And Nail Infections**

Foot skin infections are among the most frequently (20.6%) reported disorders in people with diabetes. In general, skin infection and dry skin (xerosis) have been shown to be highly prevalent and significant skin diseases across multiple studies.<sup>9-13</sup> Among foot skin and nail infections in people with diabetes, fungus is more common than bacterial or viral infections.<sup>9-13</sup>

The main types of skin infection can occur in both fingernails and toenails including paronychia and onychomycosis. Paronychia is classified as acute or chronic. The acute form lasts less than six weeks and is caused by bacterial infection or trauma to the nail fold of the finger or toes. Repetitive trauma, usually from excessive and aggressive manicure and excessive immersion of the hands in soap and water, together with the presence of damage to the cuticle of periungual fold, may result in distortion of the underlying tissues of the nail, causing spaces that can be easily infected.<sup>7-14</sup>

Chronic paronychia manifests similarly to the acute form but lasts longer than six weeks and is caused by multiple factors.<sup>15</sup> Examples include: diabetes, prolonged exposure to water, irritants, manicures, nail trauma and finger sucking.<sup>16</sup> The diagnosis of acute paronychia is made by clinical examination, where the presence of edema and/ or sensitivity in the lateral or posterior periungual folds with the presence of purulent collections is observed.

Onychomycosis, or fungal nail infections, usually affect the toenails of people with diabetes.<sup>17</sup> This presents as a white/yellow/greenish discolouration and thickening at the end of the nail that gradually spreads to wrap around the nail, which can be thick and brittle. Onychomycosis is a significant predictor of diabetic foot ulcer; thus representing an alert to the patient.<sup>18</sup> Considering that treatment is time-consuming and challenging, it is recommended to look for early signs to allow for early treatment.<sup>7</sup>

#### **Vascular Conditions**

Vascular problems often seen in diabetes can

decrease circulation, both in the lower limbs and in the nail bed, resulting in brittle nails and infections. People with diabetes may have some erythema around the nails and may also have periungual telangiectasia (small, dilated blood vessels in the skin at the margin of the fingernails). Initially, this clinical manifestation may be difficult to distinguish between erythema of circulatory origin or nail infection married with paronychia (discussed earlier).

The periungual region (where the cuticle originates) is a gateway for microcirculation via capillaroscopy. Thus, people with more advanced diabetes have dilated capillaries, although these changes may not be seen in early diabetes.<sup>7</sup>

Like other tissues, nails also need healthy circulation. Decreased circulation in the nail matrix can cause thin, brittle nails in people with diabetes. This nail fragility is known as onycholysis, where the nails break, split and then separate from the nail bed.<sup>7</sup> This change can have an aesthetic implication and works as a gateway for dirt, moisture and microorganisms leading to various infections. Impaired circulation can also cause localized nail hypertrophy, decreased circulation in the lower extremities, blisters, bleeding and ulceration in the fingers and toes.<sup>7,19</sup>

Finally, the absence of circulation in the extremities can cause tissue death, manifested by wet or dry gangrene. Thus, it is extremely important that people with diabetes receive education about the potential skin and nail changes, the self-care required with their skin and nail and the need to avoid inappropriate care (removal of cuticles or inadequate or improper cutting of nails), which can lead to emergency and life-threatening situations.

#### **Diabetic Peripheral Neuropathy**

Diabetic peripheral neuropathy (DPN) is a debilitating microvascular complication present among individuals with type 2 diabetes. DPN affects the proximal and distal peripheral sensory and motor nerves. Sensory neuropathy causes damage or dysfunction of one or more nerves. It typically results in numbness, tingling, muscle weakness and pain in the affected area. Diabetic neuropathy **Figure 1:** Education of the patient with diabetes regarding self-care of the skin, nails and feet along with the reason/justification for each recommendation

Teach your patients the following self-care practices	Reason/justification
Monitor and control blood sugar regularly to maintain optimal glycemic management.	High blood glucose levels (i.e., glucose levels consistent- ly above target) can cause dry skin and reduce the body's ability to fight bacteria. Both conditions increase the risk of infection.
Maintain skin clean and hydrated.	To avoid dryness and cracks in the skin that serve as an entrance for bacteria.
Dry the skin well and apply a powder drying agent (e.g., talcum powder) between areas where friction and high moisture occur such as the groin, between skin folds in the abdomen, under the breasts, and armpits or between the toes. In these areas, the use of moisturizers should also be avoided.	It avoids intertrigo or skin rashes that are caused by itching, humidity, and friction between one skin and another. Using a powder drying agent will keep these places dry as moisture can lead to fungal infection.
Avoid very hot baths and showers.	Hot baths can dry out the skin causing itching and excoriation. Those with loss of protective sensation may get scalded.
Use mild shampoos, soap with neutral PH and avoid bubble baths.	Mild shampoos and PH-neutral moisturizing soap help maintain moisture and hydration balance.
Avoid scratching dry or itchy skin.	Nail friction during itching can break the skin and pro- vide a gateway for microorganisms.
Avoid antiseptics, alcohol-based products or products with iodine.	These agents are very aggressive to the health of skin and new skin formation, which can delay healing. In case of signs of infection seek medical attention.
Instruct patients to inspect their feet well, checking them every day for minor injuries, blisters, or calluses. Show them how to use a mirror to help them see the soles of their feet.	Neuropathy causes decreased sensation and many people with diabetes may not feel an initial lesion, and if not inspected daily, it can progress to a more serious and infected lesion.
See a primary practitioner or diabetes educator and require them to use a standardized tool such as <i>Inlow's 60</i> <i>Second Diabetic Foot Screen</i> to identify the risk of develop- ing skin and nail issues. <sup>34</sup>	A standardized assessment tool helps to identify foot skin and nail changes in both the right and left foot and serves as a guide to the development of a care plan.
Wear wide, flat shoes that fit the feet well; and inspect inside the shoes for foreign objects before putting them on.	Also due to the loss of feet sensation caused by diabetic neuropathy, the person does not feel if the shoe is tight or if there is a foreign object inside it, leading to the development of blisters and lesions (onset of a diabetic foot ulcer).
Advise the person with diabetic sensory neuropathy not to walk barefoot or with socks only and not to cut the corners of the nails.	Due to loss of sensation in the soles of the feet when stepping on foreign or sharp objects, the person may not feel it. By the time they realize it, it may be too late. So prevention is the best solution.
Refer to a professional who specializes in foot care (e.g., nurses, chiropodists) to take care of nails and calluses.	Due to the loss of sensitivity, the simple cutting of nails or the removal of calluses by unskilled people can lead to injuries and consequently to infections, gangrene and amputation.

Teach your patients the following self-care practices	Reason/justification
Treat cuts immediately.	Small cuts should be washed with soap and water and covered with sterile gauze. Remind the patient that in the event of a major cut, burn or infection they need to seek professional assistance in wound care.
Refer your patient with diabetes and signs of infected lesions to a wound care service immediately if you are unable to resolve any skin, nail or injury issues.	Progress in healing is seen in the first week of treatment. If there is no improvement or the condition worsens, the best solution is to look for a specialized professional.

is associated with loss of sensation that places individuals at high risk for injury or re-injury to the extremities.<sup>20</sup>

These usually start by affecting the hands and feet, but other parts of the body can also be affected. For example, neuropathy can lead to foot deformity and unsteadiness in walking, as well as affecting nail growth, which can cause damage to the nail bed on the hands and feet.<sup>7</sup> People with sensory neuropathy do not always feel the damaged areas and thus should be equipped with knowledge about skin and nail self-care, for example, cutting toenails incorrectly can result in injuries that are slow to heal and lead to complications (e.g., infections and gangrene).<sup>7,21</sup>

Neuropathy can also lead to an abnormal foot posture and gait in the person with diabetes. Consequently, this may cause difficulties fitting feet into shoes, causing the toes to overlap each other and causing damage or distortion. In people with sensory neuropathy, the toes can be injured during nail trimming, or afterwards if the corners are not cut properly. Additionally, ingrown toenails can also cause injury and infection.<sup>7</sup>

Although the formation of a diabetic foot ulcer (DFU) is compounded by multifactorial causes, neuropathy is considered paramount and precedes the DFU in almost all cases.<sup>22</sup> Due to its association with loss of protected sensation, neuropathy leads DFU to have a silent onset and devastating results if not detected early and/or adequate preventive measures are implemented. Loss of sensation in the soles of the feet puts individuals with diabetic neuropathy at high risk for trauma to the foot, which in most cases is not noticed immediately and therefore leads to complications such as ulceration, infection, amputation and possibly death.<sup>23</sup>

Neuropathy also leads to a cascade of events resulting in foot changes (e.g., deformity and Charcot foot).<sup>24</sup> These changes, along with the aforementioned factors, place individuals with diabetes at high risk for developing foot ulcers. Thus, patient involvement in self-care is critical in the prevention and treatment of DFU. The practice of self-care can prevent, detect early or reverse complications, saving limbs and lives.<sup>24-28</sup>

# Self-care For Skin, Nails And Feet Of People With Diabetes

Self-care in diabetes management is defined as a series of actions that maintain health through health promotion practices.<sup>29,30</sup> Scholars report that these practices result in better glycemic control and achievement of the expected results for people with diabetes.<sup>26,31</sup> Clinicians view selfcare behaviours as important strategies for preventing diabetic complications and maintaining health.<sup>30,32</sup> Self-care educational strategies include exercise or physical activities, following a healthy diet, glucose monitoring and control, skin care, proper nail trimming by a specialized professional (e.g., podiatrist or foot care nurse), foot care, and monitoring for complications.<sup>30,32</sup> These should be supported by regular follow-ups with the appropriate medical professionals. A list with additional recommendations for education regarding the self-care of the skin, nails, and feet of people with diabetes is described in Figure 1.

While some changes in the skin and nails of people with diabetes are nothing more than

inconvenient cosmetic changes that do not always have solutions, others can cause physical disability and even death.<sup>10</sup> For example, bacterial infections that are not properly treated can lead to ulceration and consequently to limb amputation or to septicemia and death. Some skin and nail disorders seen in people with diabetes may not have definitive treatment modalities<sup>33</sup>, however, most of the time, there are preventive strategies recommended to prevent complications. Thus, the integral role of the person with diabetes in self-care is a key part of prevention and treatment components<sup>1,32</sup>, which most often are done at home and away from the eyes of health professionals.

#### Conclusion

This paper provides an overview of skin, nail, and foot changes in people with diabetes. It is extremely important for health-care providers to be aware of these alterations, but also to prepare the person with diabetes with the necessary knowledge for early detection and prevention. This education should be provided early in the diagnosis and regularly discussed at follow-up appointments. Patients' engagement in self-care is essential for the prevention and implementation of best practices for skin and nail care, especially because when patients leave the outpatient clinic or hospital, they play the role of their own caregiver. Away from our professional eyes, they will make daily decisions about what to eat, whether to exercise, buy and wear the right shoe or inspect their feet. Thus, the care for the skin, nails, and feet of people with diabetes should be planned and implemented together with the patient and health professionals with expertise in diabetes and skin and wound care.

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#### References

- Costa IG, Tregunno D, Camargo-Plazas P. Patients' perceptions of reasons contributing to delay in seeking help at the onset of a diabetic foot ulcer: A grounded theory study. *Journal of Wound, Ostomy and Continence Nursing.* 2022;49(5): 481–487. https://doi.org/10.1097/ WON.00000000000913
- de Macedo GM, Nunes S, Barreto T. Skin disorders in diabetes mellitus: An epidemiology and physiopathology review. *Diabetol Metab Syndr.* 2016;8(1): 63–63. Available from: https://doi.org/10.1186/s13098-016-0176-y
- Rosen J, Yosipovitch G. Skin manifestations of diabetes mellitus. (Updated 2018 Jan 4). Feingold KR, Anawalt B, Boyce A, et al., editors. In: *Endotext*. South Dartmouth (MA): MDText.com, Inc.;2000. Available from: https://www.ncbi. nlm.nih.gov/books/NBK481900/
- Ragunatha S, Anitha B, Inamadar AC, Palit A, Devarmani SS. Cutaneous disorders in 500 diabetic patients attending diabetic clinic. *Indian J Dermatol*. 2011;56(2): 160–4. Available from: https://doi.org/10.4103/0019-5154.80409
- Kalus AA, Chien AJ, Olerud JE. Chapter 151: Diabetes mellitus and other endocrine diseases. Goldsmith LA, Katz SI, Gilchrest BA, et al., editors. In: *Fitzpatrick's Dermatology in General Medicine*. New York: McGraw-Hill; 2012.
- Wang YR, Margolis D. The prevalence of diagnosed cutaneous manifestations during ambulatory diabetes visits in the United States: 1998-2002. *Dermatol.* 2006;212(3): 229– 234. Available from: https://doi.org/10.1159/000091249
- 7. Hillson R. Nails in diabetes. *Pract Diab*. 2017;34(7):230–1. Available from: https://doi.org/10.1002/pdi.2124
- 8. Yesudian PD, Nwabudike LC, de Berker D. Nail changes in diabetes. *Clin Exp Dermatol*. 2022;47(1): 9-15. Available from: https://doi.org/10.1111/ced.14859
- 9. de Berker D. Nail anatomy. *Clin Dermatol*. 2013;31(5): 509–15. Available from: https://doi-org.ezproxy.lakeheadu. ca/10.1016/j.clindermatol.2013.06.006
- Sanad EM, ElFangary MM, Sorour NE, ElNemisy NM. Skin manifestations in Egyptian diabetic patients: A case series study. *Egypt J Dermatol Venerol.* [Internet] 2013;33(2): 56. Available from: https://www.ejdv.eg.net/article. asp?issn=1110-6530;year=2013;volume=33;issue=2;spage=5 6;epage=62;aulast=Sanad doi: 10.4103/1110-6530.123941.
- 11. Goyal A, Raina S, Kaushal SS, Mahajan V, Sharma NL. Pattern of cutaneous manifestations in diabetes mellitus. *Indian J Dermatol.* [Internet] 2010;55:39–41. Available from: https:// doi.org/10.4103/0019-5154.60349.
- 12. Farshchian M, Farshchian M, Fereydoonnejad M, Yazdanfar A, Kimyai-Asadi A. Cutaneous manifestations of diabetes mellitus: a case series. *Cutis*. 2010 Jul;86(1): 31-5.
- Galdeano F, Zaccaria S, Parra V, Giannini ME, Salomón S. Cutaneous manifestations of diabetes mellitus: Clinical meaning. *Dermatología Argentina*. 2010;16(2010):117-21.
- 14. Wambier CG, Takada MH, Foss-Freitas MC, Frade MAC, Foss MC, Foss NT. Effects of metabolic control on cutaneous findings in diabetes mellitus. *Revista Brasileira de Medicina Interna*. [Internet] 2014;1: 11–19.

- 15. Rigopoulos D, Larios G, Gregoriou S, Alevizos A. Acute and chronic paronychia. *Am Fam Physician*. 2008;77(3): 339-46.
- 16. Rockwell PG. Acute and chronic paronychia. *Am Fam Physician*. 2001;63(6): 1113-6.
- Hillson R. Fungi and diabetes. *Pract. Diabetes.* 2016;33(5): 151–152. Available from: https://wileymicrositebuilder.com/ practicaldiabetes/wpcontent/uploads/sites/29/2016/06/ Fungi-and-diabetes.pdf
- Boyko EJ, Ahroni JH, Cohen V, Nelson KM, Heagerty PJ. Prediction of diabetic foot ulcer occurrence using commonly available clinical information: The Seattle Diabetic Foot Study. *Diabetes Care*. 2006 Jun;29(6):1202–7. Available from: https://doi.org/10.2337/dc05-2031.
- Greene RA, Scher RK. Nail changes associated with diabetes mellitus. J Am Acad Dermatol. 1987;May (5 Pt 1):1015-21. Available from: doi: 10.1016/s0190-9622(87)70131-5.
- 20. Botros M, Kuhnke J, Embil J, Goettl K, Morin C, Parsons L, et al. Best practice recommendations for the prevention and management of diabetic foot ulcers. *Wounds Canada*. North York, Canada: Wounds Canada;2017. Available from: https://www.woundscanada.ca/docman/public/health-careprofessional/bpr-workshop/895-wc-bpr-prevention-andmanagement-of-diabetic-foot-ulcers-1573r1e-final/file.
- 21. Ali RA. Management of diabetic neuropathy. *Malays J Med Sci.* 2003 Jul;10(2): 27-30. Available from: https://pubmed. ncbi.nlm.nih.gov/23386794/
- Richard JL, Schuldiner S. Epidémiologie du pied diabétique [Epidemiology of diabetic foot problems]. *Rev Med Interne*. 2008 Sep;29(Suppl 2): S222-30. Available from: https://doi. org/10.1016/S0248-8663(08)73949-3
- McEwen LN, Ylitalo KR, Munson M, Herman WH, Wrobel JS. Foot complications and mortality: Results from translating research into action for diabetes (TRIAD). J Am Podiatr Med Assoc. 2016;106(1): 7-14. Available from: https://doi. org/10.7547/14-115
- 24. Botros M, Kuhnke J, Embil J, Goettl K, Morin C, Parsons L, et al. Best practice recommendations for the prevention and management of diabetic foot ulcers. In: Foundations of Best Practice for Skin and Wound Management. A supplement of *Wound Care Canada*. 2017: 68 pp. Available at: www. woundscanada.ca/docman/public/health-care-professional/ bpr-workshop/895-wc-bpr-prevention-andmanagement-ofdiabetic-foot-ulcers-1573r1e-final/file.
- 25. Sharoni SA, Razi MM, Rashid NA, Mahmood YE. Self-efficacy of foot care behaviour of elderly patients with diabetes. *Malays Fam Physician*. 2017;12(2): 2. Available from: https://pubmed.ncbi.nlm.nih.gov/29423123/
- 26. Costa IG, Tregunno D, Camargo-Plazas P. Patients' journey toward engagement in self-management of diabetic foot ulcer in adults with types 1 and 2 diabetes: A constructivist grounded theory study. *Can J Diabetes* 2021;45(2): 108-13.
- Woody J. Overview of diabetic foot care for the nurse practitioner. J Nurse Pract. 2020;16(1): 28-33. Available from: https://www.sciencedirect.com/science/article/abs/pii/ S1555415519305689

- Ausili D, Masotto M, Dall'Ora C, Salvini L, Di Mauro S. A literature review on self-care of chronic illness: Definition, assessment and related outcomes. *Prof Inferm*. 2014 Jul-Sep [cited 2022 Feb 27];67(3):180-9. Available from: https://doi. org/10.7429/pi.2014.673180
- 29. Ausili D, Bulgheroni M, Ballatore P, Specchia C, Ajdini A, Bezze S, et al. Self-care, quality of life and clinical outcomes of type 2 diabetes patients: An observational cross-sectional study. *Acta Diabetol*. 2017;54(11): 1001-1008. Available from: https://doi.org/10.1007/s00592-017-1035-5
- Riegel B, Jaarsma T, Strömberg A. A middle-range theory of self-care of chronic illness. ANS Adv Nurs Sci. 2012;35(3): 194–204. Available from: https://doi.org/10.1097/ ANS.0b013e318261b1ba
- 31. Powers MA, Bardsley J, Cypress M, Duker P, Funnell MM, Hess Fischl A, et al. Diabetes self-management education and support in type 2 diabetes: A joint position statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *Diabetes Care*. 2015;38(7): 1372-82. Available from: https://doi.org/10.1111/j.1753-0407.2011.00151.x
- 32. Costa IG, Camargo-Plazas P, Tregunno D. Re-thinking selfcare management for individuals with diabetic foot ulcers. *Wounds Int.* 2017;8(2): 10–4.
- 33. Hingorani A, LaMuraglia GM, Henke P, Meissner MH, Loretz L, Zinszer KM, et al. The management of diabetic foot: A clinical practice guideline by the Society for Vascular Surgery in collaboration with the American Podiatric Medical Association and the Society for Vascular Medicine. J Vasc Surg. [Internet] 2016;63(2 Suppl):3S-21S. Available from https://doi.org/10.1016/j.jvs.2015.10.003
- 34. Woodbury MG, Sibbald RG, Ostrow B, Persaud R, Lowe JM. Tool for rapid and easy identification of high risk diabetic foot: Validation and clinical pilot of the simplified 60 Second Diabetic Foot Screening Tool. *PLoS One.* 2015;10(6):e0125578. doi: 10.1371/journal.pone.0125578. PMID: 26121258; PMCID: PMC4486169

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