CHARCOT FOOT

**Significant History**
- Onset of morphologic changes
  - Progressive/static
  - Erythema
  - Swelling
- Trauma: type, when, repetitive
- LOPS +/- pain
- Previous ulcer &/or Charcot
- Long-standing diabetes

**Significant Findings**
- **Dermatologic**
  - Erythema
  - Warmth
  - Cellulitis
  - Xerosis
  - +/- Ulcer
- **Musculoskeletal**
  - Swelling
  - Deformity
  - Joint dislocation
  - Equinus
- **Neurologic**
  - LOPS
  - Autonomic neuropathy
  - Motor neuropathy
  - Absent DTRs
- **Vascular**
  - Pupable pedal pulses
  - Swelling

**Diagnostic Imaging**
- Plain radiographs
- Imaging studies
  - CT
  - MRI
  - Bone scan
  - Bone density

**Radiograph Findings**
- Joints/bones involved
- Osteolysis
- Fractures
- Bone density
- Dislocation
- Soft tissue edema
- Vascular calcifications
- Deformity

**Treatment of Acute Charcot**
- Restriction of weightbearing
  - Crutches
  - Wheelchair
- Immobilization with splint, cast or removable cast until hyperemia resolved
- Continue immobilization 4-6 months until quiescence (chronic Charcot)
- Pharmacologic
- Bone stimulation

**Treatment of Chronic Charcot**
- Bracing
- Extra depth shoes
- Custom molded shoes
- Multiple density insoles
- Orthoses

**FOOT UNSTABLE**
- Foot remains UNSTABLE not responsive to offloading & immobilization
- Consider surgical stabilization
- Remains unstable
  - Chronic ulceration
  - Chronic osteomyelitis
  - Consider amputation

**FOOT STABLE**
- Foot remains STABLE
- Supportive measures
- Therapeutic footwear
- Patient education
- Periodic evaluation to prevent recurrence
- Convert to Stable Foot

If ulcer recurs, treat appropriately, see Pathway #3

**Refer to Pathway #1**

© 2006 by the American College of Foot and Ankle Surgeons. All rights reserved. The full guideline, including details regarding this pathway, is available at: acfas.org/cpg/.