

Based on the newly updated Diabetic Foot Ulcer Beyond Wound Closure: Clinical Practice Guideline, it is recommended:

“physical therapists and other health care providers managing closed diabetic foot ulcers may titrate tissue reloading (eg, standing, walking) on a newly closed diabetic foot ulcer, maintaining moderate to maximal offloading, especially during the first 3 months, and slowly titrating a return to shoe wear using a wear schedule.”¹

There is little evidence on how to progressively reload a newly epithelialized DFU.

The intent of this document is to provide a sample schedule to help guide this reloading principle. Due to the diversity in electronic medical recording systems, this document also includes several examples to show how a reloading schedule can be integrated into different systems. It is the responsibility of the clinician to modify the guideline to best fit their clinical practice and needs of their clinical environment as necessary.

Relevant Terms:

Cast padding: material used as primary offloading resource

Cut outs: referring to the modification of cast padding to remove pressure directly over the wound area

Soft cast: referencing a modified version of a cast/offloading device, made of cast padding, cotton roll, and a plastazote foot plate. Similar to a football dressing.² This can also be substituted for alternative reloading devices such as a post-op shoe with cast padding.

1. Deborah M Wendland, Elizabeth A Altenburger, Shelley B Swen, Jaimee D Haan, Diabetic Foot Ulcer Beyond Wound Closure: Clinical Practice Guideline, *Physical Therapy*, Volume 105, Issue 1, January 2025, pzae171, <https://doi.org/10.1093/ptj/pzae171>
2. Hamm RL. Chapter 7: Diabetes and the Diabetic Foot. In Hamm RL, eds. *Text and Atlas of Wound Diagnosis and Treatment, Third Edition*. McGraw Hill; 2024

