2 Feet 4 Life Foot Care Self-Management in Older Adults Without Diabetes: A Pilot Study

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BACKGROUND

- 1/3 of older adults have foot problems
- Improper foot care selfmanagement → ↓ mobility, ↑ falls, & 1 health care costs
- Foot care self-management programs in persons with diabetes shown effective
- Foot care programs for nondiabetic older adults are rare



PURPOSE/AIMS

To test the feasibility, acceptability, & efficacy of the 2 Feet 4 Life selfmanagement program on foot care knowledge, self-efficacy, behaviors, foot pain, & foot health in community dwelling older adults without diabetes mellitus (DM)

MEASUREMENT TOOLS

Foot Self-care Knowledge Questionnaire (FSKQ)-higher score=more knowledge

Foot Care Confidence Scale (FCCS)-higher score= more confidence

Nottingham Assessment of Functional Foot Care (NAFF)-higher score = more appropriate behaviors

Manchester Foot Pain and Disability Index (MFPDI)- higher score=more pain & disability

Foot Health Score (FHS)-higher score= poorer foot health

2 FEET 4 LIFE INTERVENTION

- Based on Social Cognitive Theory
- 1 hour weekly sessions x 4 weeks
- Group interaction
- Practice opportunities
- Provision of foot care supplies
 - Nippers & files
 - Pumice stone & lotion

WK **TOPICS**

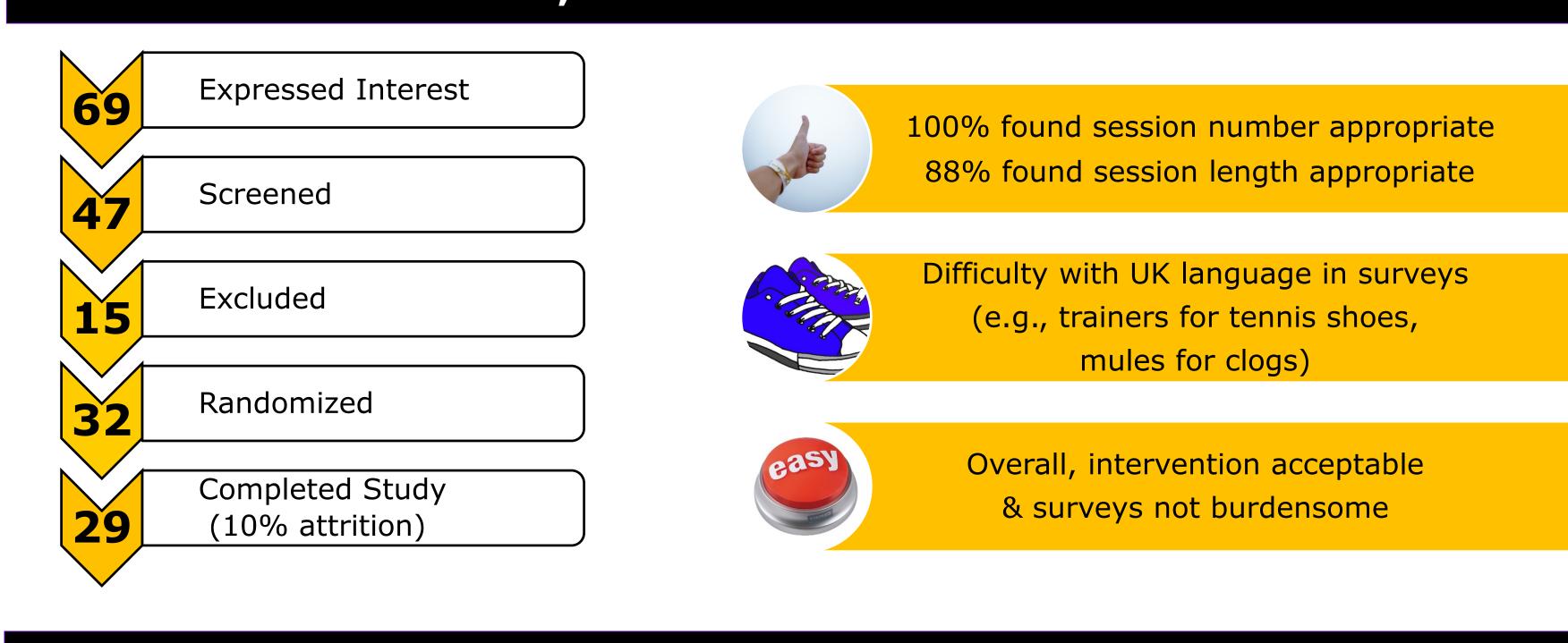
- Review Current Foot Care Practices Overview of Hygiene & Footwear Common Foot Problems
- Footwear
- Performance of Foot Care
- Program Review and Referral



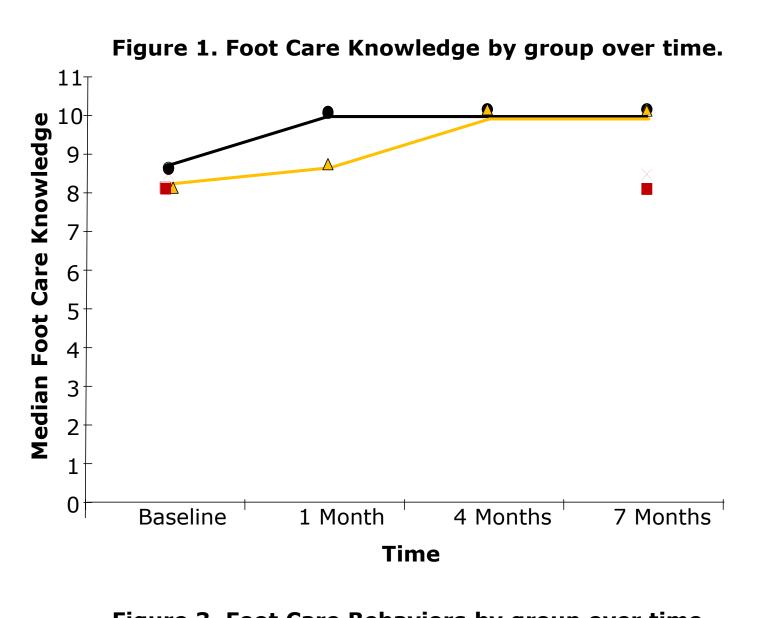
METHODS

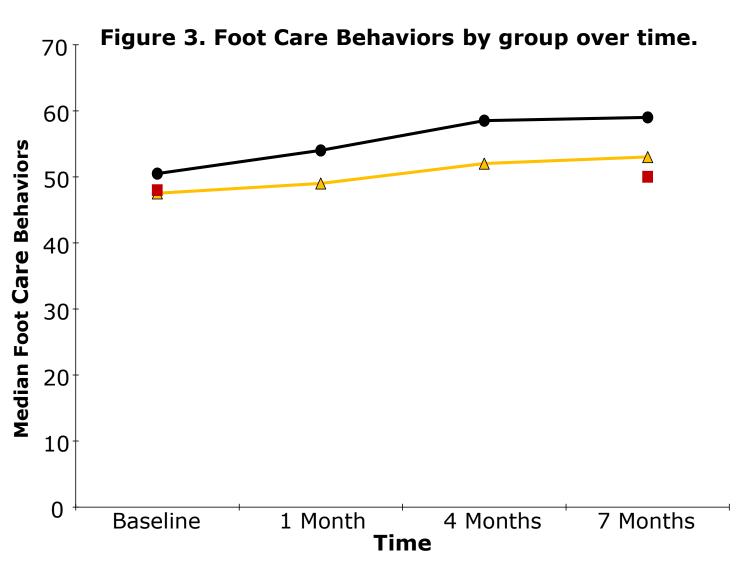
- **Design:** 2 group experimental with repeated measures
- **Setting:** 2 Midwest suburban senior centers
- **Sample:** 29 older adults without DM
 - > Typical subject: 73 y/o white female
 - Intervention group (I; n=15)
 - \succ True control group (TC; n=7)
 - \triangleright Bias control (BC; n=7)
- True control: no intervention, 4 data collection points
- Bias control: no intervention, 2 data collection points
- **Data Collection Times:**
 - Baseline (All groups)
 - > One month (I & TC)
 - > Four months (I & TC)
 - > Seven months (All groups)

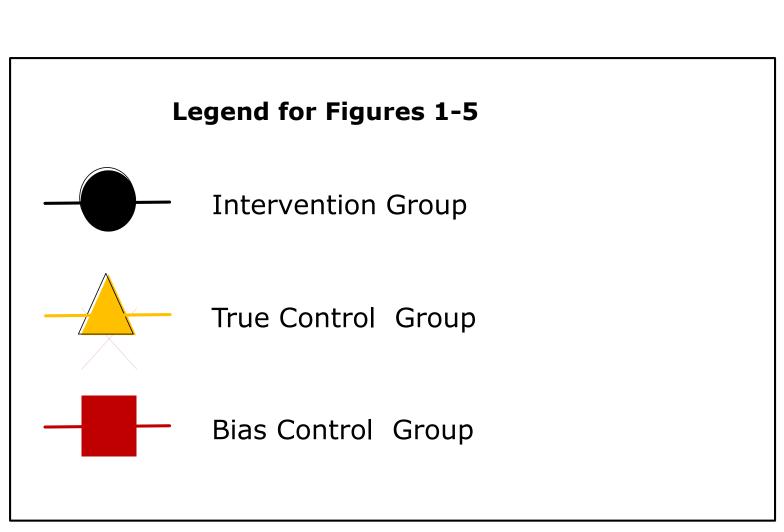
RECRUITMENT, RETENTION & ACCEPTABILITY

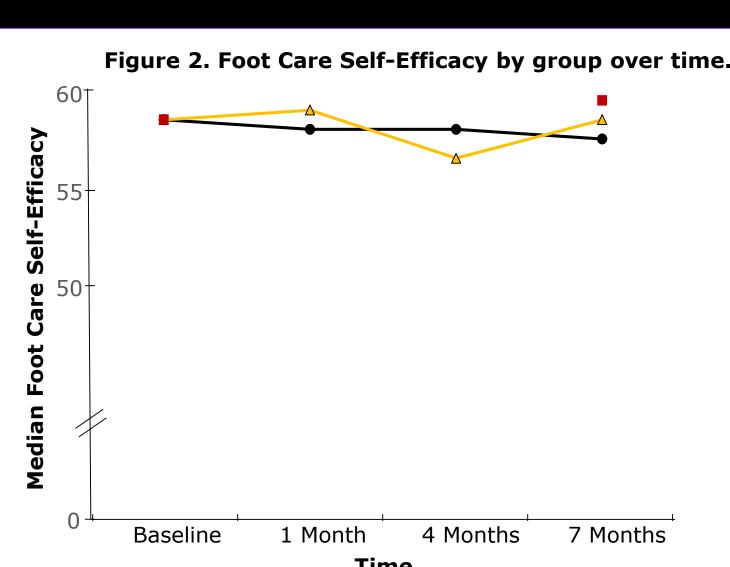


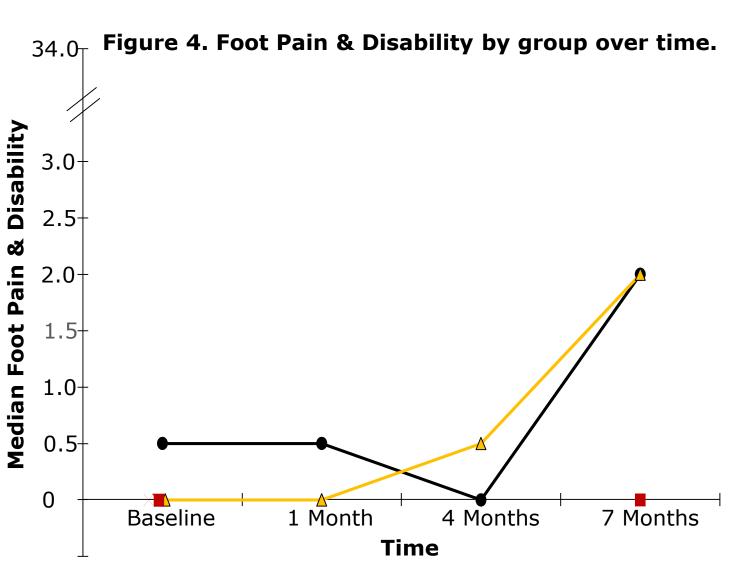
EFFICACY RESULTS

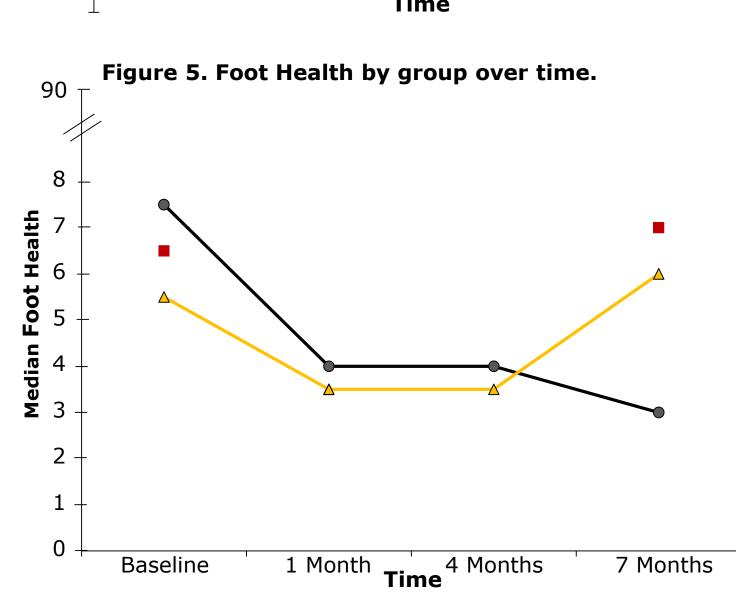












CONCLUSIONS & IMPLICATIONS FOR RESEARCH

- Study procedures safe & feasible in older adults
- 2 Feet 4 Life & measurement tools acceptable to participants
- Group I: Modest improvements in knowledge, behaviors, & foot health
- Homogenous sample & possible ceiling effect
- **Future Research:** Larger, more diverse sample with >foot health variability
- **Additional Directions:** Refinement & psychometric testing of tools