

Casting for the diabetic foot: Finding a way forward



Rachel Berrington

Readers of *The Diabetic Foot Journal* will be familiar with a range of protocols, guidelines and clinical trials that refer broadly to “casting” as the gold standard for pressure relief in the management of diabetic foot disease. But is “casting” as straightforward as it may appear?

Further investigation frequently reveals the lack of a definition of the cast used, or inconsistent definitions. For this reason questions around casting for the diabetic foot remain: In what clinical scenarios should which cast types be used? What materials do they comprise? From what design blueprints are casts derived? How are casts applied, and by whom? Currently, no nationally accredited course in casting for the diabetic foot exists, and experience in casting has been largely gained at the school of “see one, do one, train one”.

On 8 August 2011 an interested, multidisciplinary group of healthcare professionals came together to identify and discuss diabetic foot casting. The group recognised that a number of healthcare professionals who are recognised as being experienced casters will retire in the coming 5 years. The loss of these key individuals will leave a huge knowledge and skills gap in diabetic foot casting in the UK, and highlights the unacceptable paucity of relevant guidance and accredited training.

The group has been dubbed the Diabetic Casting Consensus Group (DCCG) and has resolved to define the parameters of effective and safe casting in the management

of the diabetic foot in the UK. The DCCG’s objectives are to:

- Define the range of casting techniques used in diabetic foot care and bring them together in a single consensus statement that provides the rationale behind each cast’s use, and their clinical indications.
- Standardise casting terminology and techniques as they relate to diabetic foot care.
- Develop a training programme to teach casting techniques that is supported by structured follow-up and assessment.
- Develop standardised written patient information on diabetic foot casting.

The first of these aims is underway, and the DCCG met on 21 April 2012 at the Blackburn Royal Infirmary for a day of casting. Group members undertook casts in front to their colleagues, and consensus was reached on the core principles of each cast type. The work undertaken on this day will form part of the consensus statement that the group aims to publish.

The current DCCG working group comprises: Rachel Berrington, Leicester (Chair); Neil Baker, Ipswich; Maureen Bates, London; Trevor DeHaro, Northampton; Kathleen Eccles, Blackburn; Fran Game, Derby; Catherine Gooday, Norwich; William Jeffcoate, Nottingham; Tim Jemmott, London; Geraint Jones, Blackburn; Ann Knowles, Manchester; Marie-France Kong, Leicester; Gill Lomax, Blackburn; Clair McMahon, Clydebank; Willie Munro, Clydebank; Alison Musgrove, Nottingham; Pat Purser, Leicester. ■

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