

Charcot Neuroarthropathy

What is Charcot Neuroarthropathy or Charcot Foot?

Charcot foot is mainly caused by damaged nerves in the feet and legs (Neuropathy). When the nerves are damaged they do not send appropriate pain signals and do not control blood flow to limit inflammation. This can mean you don't feel broken bones in your feet or that low impact activities such as walking or standing can cause bones to break or joints to dislocate. It most commonly affects the joints in the middle of the foot but can occur in other parts of the body.

If left untreated this can lead to significant deformities of the foot and serious complications which may require major amputation.

What are the signs of Charcot Foot?

Early signs include a red, hot and swollen foot. You may or may not remember hurting your foot. Charcot Foot is diagnosed by clinical signs (as mentioned above) and X-rays or an MRI. Early diagnosis is important to prevent or minimise deformities of the foot.

The two phases of Charcot Foot

Acute or active phase:

This is when the foot is noticeably red, hot and swollen compared to your other foot and is when the bones and joints are at most risk.

Stable or chronic Charcot:

Over time with offloading and treatment by your health professional, the bones will stabilise and fuse together. Most people are left with a deformity of some type, but the aim is to keep the foot as functional as possible. Once the bones have fused back together, you have reached the stable or chronic phase and most of the time can return to normal activities.



Treatment:

Immobilising or holding the bones still is important for healing. This can be done by:

- Applying a special cast called a Total Contact Cast on the leg
- Fitting CAM boot and orthotic to support the foot
- or ensuring no pressure goes on the foot at all by using crutches or a knee scooter.

Sometimes a combination of the above options is required to get the best result.

How long does Charcot Foot take to treat?

The time of treatment can vary from person to person. Most people have a cast or boot on for 6 to 12 months before progressing to the chronic phase. After the foot has stabilised custom orthotics and extra depth shoes may be required to protect the foot and prevent ulcers forming or progressing back to the acute phase.

What can you do to help?

- Ensure you wear your offloading boot as directed by your health professional.
- Discuss how much activity you can do with your health professional and make some clear goals throughout the treatment phase.
- Inspect your feet regularly and report anything different to your foot care professional