



**NMDAC Professional Development & Training**  
**Sandia Resort & Casino**  
**30 Rainbow Road NE**  
**Albuquerque, NM**  
**June 4, 2010**

**Notes**

**Welcome and Announcements**

Rosemary Anslow, Chair, NMDAC

- The Professional Development and Training began at 10 a.m. Rosemary reviewed the notes from the Feb. 26 meeting and training session, and the members approved with no changes.
- Rosemary gave information about the vendors and new educational materials offered by the reps. She announced the program topic for September: “School Based Interventions to Improve Nutrition and Fitness.” She asked those interested in setting up displays on this topic to contact either her or Kathy Garcia. Rosemary also thanked Claudia Giacobbe and Aggie Olsen for volunteering to help at the registration table.
- Rina LeMaster announced the symposium “Best Practices in Diabetes and Treatment in Tribal Communities-Clinical Applications,” to be held on November 5, 2010. She handed out invitations for people to present at the symposium.
- Jay Dillon from Diabetes Phototherapy Research and his colleague Leon Garcia from the Santa Ana Pueblo discussed their research on the impact of light on blood glucose levels.
- Christine Herman from Project ECHO announced that the program has three health educator positions open.
- Marjorie Cypress announced that the Tour de Cure fundraiser for the American Diabetes Association will be at the Embassy Suites in Albuquerque on June 5.
- Rosemary announced that the Gallup McKinley Diabetes Advisory Council, thanks to Niles McCall, gave NMDAC funds to purchase a new laptop computer and projector. Rehoboth McKinley Christian Hospital donated a pedometer for a door prize; Tonya Covington won it.

**NMDAC Board Update**

Kathleen Garcia, Chair-Elect, NMDAC

Rosemary Anslow, Chair, NMDAC

- Kathy mentioned that she will become the NMDAC Board Chair on July 1, 2010. She reported that members of the Board had a special training on June 3. The board will be revising the NMDAC bylaws. Kathy introduced Roberta Rios as the newest member of the Board. Roberta worked for NMSU Cooperative Extension for more than 30 years. Kathy Natachu of Zuni will also be joining the Board. Karen Halderson and Yvonne Peperzak-Blake will step down from their positions on the board on July 1. Rosemary will become the Past-Chair on July 1. Certificates of Appreciation were presented to Karen and Rosemary for their outstanding work on the board during the past few years.

- Rosemary announced that Niles McCall was elected secretary of the board the NMDAC membership in May. He will begin his duties on July 1.
- As outgoing Chair, Rosemary encouraged members to pursue their own educational goals.

### **DPCP Update**

Eileen Douglass, Health Educator Supervisor, DPCP

- Eileen announced that Shanti Shanti Khalsa will be leaving the DPCP. The agency will be advertising for a health educator/tribal liaison position. As part of a reorganization, Perdita Wexler has become the DPCP Hispanic/Latino and African American liaison.
- The DPCP budget was cut from \$1,027,100 in FY2010 to \$492,000 in FY2011.

### **The Causes of Diabetic Foot Disorders**

Richard Miller, MD, UNM Hospital

(See full presentation on NMDAC Web site.)

Diabetes food disorders include ulcers, infection, and amputations. Foot disorders are caused by:

- Neuropathy – decreased sensation,
- Circulation – decreased blood flow and decreased ability to heal
- Immune problems – difficulty fighting off infections.

Other contributing problems include obesity, balance problems, swelling in feet, poor compliance, poor glucose control, health care access. The #1 risk factor for amputation is a prior amputation.

To prevent amputations: inspect, protect and do not neglect. Check the temperature of the foot; if it is warm, it could mean inflammation or infection.

Treatment of diabetic foot ulcer:

- Wound care – pressure relief, remove bony prominences
- Infection or gangrene – antibiotics, surgical debridement, amputate necrotic area, below the knee amputation.

### **Orthotic Options in Diabetes**

Anthony Girard, CO, Staff Orthotist, Carrie Tingley Hospital, UNM

(See full presentation on NMDAC Web site.)

Sixty to seventy percent of people with diabetes develop a foot ulcer, which can occur at any time. Increased age and duration of diabetes increases the risk. Goals: treat wound, prevent neuropathy, improve gait.

Loss of sensation increases the risk of a pressure ulcer. Decrease pressure with cast shoe, platform shoe, forward-off-loading shoe, walker boot, aircast boot, DH boot, 3D boot.

Prevention of foot ulcers – Observe ambulation, measure for shoe size, assess pressure relief, make a cast, fitting.

Medicare provides one pair of extra depth shoes per calendar year; must be certified by MD or DO that patient has diabetes and needs diabetic shoes. Extra depth shoe: taller toe box and instep. Custom shoes: hammer toes, toe or foot amputation, Charcot foot.

Orthotics uses dual-density or tri-density materials. Total AFO used for Charcot foot. Goal for orthotics: ambulatory, comfortable, protected.

### **CEU Session: Wound Care in the Diabetic Patient**

Rick Murdoch, PT, CWS, FACCWS, UNM Hospital  
(See full presentation on NMDAC Web site.)

Stages in wound healing:

- Homeostasis/coagulation – clot, platelet aggregation, growth factors, platelets release growth factor
- Inflammation – edema, heat, pain; inflammatory cells control infection; if inflammation goes on too long, healing will be slow
- Granulation/proliferation – tissue formation, granulation tissue replaces lost dermal tissue; angiogenesis- new blood vessels start to form after about 2 days; wound contraction-myofibroblast at wound periphery
- Remodeling – increase strength, usually after 21 days; 3 months after closure of wound will have 80% strength of normal tissue.

Key cells in wound healing: platelets, erythrocytes, neutrophils, macrophages, fibroblasts.

Acute wound healing is continuous. Medication can slow healing. Hyperglycemia-protein breaks down, starvation at the cellular level. Fifty percent of people with type 2 diabetes have complications-peripheral vascular disease, polyneuropathy. Diabetes interferes at all four stages of wound healing.

Sixty to seventy percent of people with diabetes have nervous system damage (neuropathy). More than 60 percent of non-traumatic amputations are people with diabetes; 80,000 diabetic amputations per year; 3 year mortality rate after an amputation is 50 percent.

Risk factors for amputations: duration of diabetes, increased A1c level, loss of protective sensation.

Goals: improve healing with glucose control, wound preparation, dressings, adjunctive technologies, HBO-hyperbariatric chamber.

Categories of dressings: films, foams, hydrocolloids, hydrogels, alginates, contact layers, impregnated gauze, debriding agent.

### **Closing**

Rosemary Anslow, Chair, NMDAC

- Rosemary did a final raffle for another pedometer and a gift basket, which was donated by Ben Archer Clinic in Hatch.
- The meeting was adjourned at 2 p.m.