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# Not Every Foot Wound Is a Pressure Injury

## Recognizing the Diabetic Foot Ulcer Before and After It Forms

**Key Insight**

A DFU is not a PI with a different name. It most often develops from repetitive pressure and shear during walking rather than from sustained positional pressure, and it requires a different path to healing.[1-3]

## Why This Matters

- DFUs are not one wound type. About one-third are purely neuropathic, about half are mixed neuro-ischemic, and the remainder are purely ischemic, each with a different primary driver and treatment priority.[4]
- Most DFUs form under a patient's own body weight during walking, not from immobility, so standard repositioning protocols alone will not prevent or heal them.[2,3]
- Misclassifying a DFU as a PI can delay the offloading and vascular care it needs.[2,5]

### Callus Can Signal Trouble Before the Skin Breaks

Thickened, hyperkeratotic skin at a weight-bearing point is not simple dryness. Its formation may be an early indicator of ulceration, and it commonly forms at the exact site where an ulcer is likely to develop. Re-assess gait, footwear, and offloading whenever a callus is noted. Refer to podiatry to remove or manage the callus. Do not treat with moisturizer alone.[2,6]

## Converging Risk Domains

### Mechanism

Repetitive pressure and shear during weight-bearing activity. Neuropathic, ischemic, and mixed neuro-ischemic subtypes each have a different primary driver.[2-4]

### Patient Factors

Peripheral neuropathy (loss of protective sensation), peripheral arterial disease (impaired healing), impaired immune response, suboptimal glycemic control, and prior ulceration history.[2,7]

### Process/System Gaps

Using wound location as the only driver of etiology rather than a comprehensive assessment; treating an ulcer or callus without offloading; and offloading without an individualized PT/podiatric assessment of gait and callus management.[2,6]

## Trigger » Action

| Trigger | Action |
|---|---|
| Callus at a weight-bearing site in a patient with diabetes | Do not manage as dry skin. Refer to PT for gait and offloading evaluation, and to podiatry for callus management. Callus is this wound type's early warning sign, comparable in function to non-blanchable erythema for PIs.[2] |
| Wound on the plantar foot, toe, or under callus in a patient with diabetes | Confirm etiology before treating. Standard offloading, such as repositioning or support surfaces, will not resolve a gait-driven or ischemic ulcer.[2,3] |

## Education Spotlight

### Remember

Location tells you where to look, not what caused the wound. A painless, punched-out wound with raised or undermined margins, ringed by thick callus, points toward a neuropathic DFU rather than a PI, even at a site where both can occur.[4]

### Sensation Cannot Be Trusted

Peripheral neuropathy can blunt pain, pressure, and temperature sensation. A patient may report no symptoms even as damage progresses under intact-looking skin. Visual inspection and structured foot checks matter more than what the patient reports.[2,7]

### Offloading Means Something Different Here

For a PI, offloading means changing position. For a DFU, it means changing how or whether the patient bears weight on that spot during walking using specialized footwear, total contact casting, or gait modification directed by podiatry or physical therapy.[3]

### Abbreviations

**DFU:** diabetic foot ulcer; **PI:** pressure injury; **PT:** physical therapy

### References


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