

# Comparison of insoles prescribed for diabetic patients with and without pedobarograph data

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		<input type="checkbox"/> Protocol
<b>Registration date</b> 22/05/2007	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 15/03/2016	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
Protocol Version 1.3 (19/12/2006)

## Study information

**Scientific Title**  
Comparison of insoles prescribed for diabetic patients with and without pedobarograph data

**Study objectives**

Participants who have custom made insoles based on a pedobarograph assessment will have a reduced incidence of plantar ulceration over a two year period.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

North Nottinghamshire Local Research Ethics Committee, 05/04/2007, ref: 06/Q2402/72

**Study design**

Randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Prevention

**Health condition(s) or problem(s) studied**

Diabetes

**Interventions**

Currently patients are issued with a poron insole designed according to the clinical examination of the foot. Patients who fit the inclusion criteria will be given information regarding the study at their initial appointment and will be asked to consent to be involved. They will receive a baseline assessment, which will include a photograph being taken of the plantar aspect of the feet. This photograph will be taken before debriding the callus. They will then be randomly placed into one of two groups:

Group A: will undergo a pedobarograph assessment and will receive a custom-made poron insole  
Group B: will receive an insole assessed following current clinical practice.

Information will also be collected about whether the participant has neuropathy, ischaemia or deformity. If a participant develops a callus that involves a change of insole or an ulcer at any point in the two years, then they would have met the failure criteria of the project. Participants will be instructed at the start of the study to return to podiatry if they develop a callus (or other foot problems). The date of the callus or ulceration causing change of insole design being identified by podiatry will be recorded and used in the study. If the participant is withdrawn from the study for other reasons these will be recorded.

Participants will attend an annual review and at this time if there is no callus or ulceration requiring a change of insole design a new insole of the same design will be issued. A final review of participants remaining in the study will be performed after two years. At any follow up appointments the digital photograph from the initial assessment will be used as a reference to identify changes in the plantar surface of the foot.

Data will be collected from both groups of participants over two years and following this the average time to callus/ulceration in the two groups will be analysed. There will also be an analysis of specific groups of patients, e.g., those with neuropathy, show a more significant difference between the two groups. The reasons for participants being withdrawn from the

study will also be analysed. The patients will all be recruited in the first year and then followed up over two years from their entry date into the study. Kaplan-Meier survival curves will be plotted for the two groups.

### **Intervention Type**

Device

### **Primary outcome(s)**

To evaluate whether custom made insoles for diabetic patients which are guided in design by the pedobarograph data are more effective in reducing skin damage/callus/ulceration than those assessed via current clinical practice.

### **Key secondary outcome(s)**

To evaluate how neuropathy, ischaemia and deformity affect the outcome of using an insole.

### **Completion date**

31/12/2009

## **Eligibility**

### **Key inclusion criteria**

1. Able to walk a minimum of five metres unaided
2. New referral to podiatry
3. Presenting with plantar callus at initial podiatry assessment
4. No previous insole treatment
5. Aged greater than 18 years old

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 years

### **Sex**

Not Specified

### **Key exclusion criteria**

1. Unable to walk a minimum of five metres unaided
2. Current ulceration
3. Previous insole treatment
4. Non-diabetes related medical problems affecting the lower limbs
5. Lower limb amputation at any level
6. Unclear diabetes diagnosis
7. Congenital foot deformities

- 8. Charcot foot changes
- 9. Previous foot or ankle surgery

**Date of first enrolment**

01/01/2007

**Date of final enrolment**

31/12/2009

## **Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Gait and Movement Laboratory**

Derby

United Kingdom

DE1 2QY

## **Sponsor information**

**Organisation**

Derby Hospitals NHS Foundation Trust (UK)

## **Funder(s)**

**Funder type**

Government

**Funder Name**

Derby Hospitals NHS Foundation Trust (UK) - Grant Scheme

## **Results and Publications**

Individual participant data (IPD) sharing plan

**IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes