















Skin and Wound Product Information Sheet

SensiFoot			
Classification	Compression Therapy – Diabetic Sock		
Key Points	 (NSWOC)/Wound Clinician is required Follow agency/Health Authority come Refer to the Guideline: Application of indications, precautions and contraints. For this product specifically Latex-free acrylic sock which provided higher the compression), the acrylic Single patient use, washable, may be Prior to the first application, a completione but an ABI may not be required May be used as a transition to highe 	es mild compression 8-15mm/Hg (the tighter the fit the fibres wick moisture away from the skin e worn for 4-6 months before needing to be replaced lete Lower Limb Assessment (Basic & Advanced) is to be d. r level compression therapy; starting with a low level	
Indications	 compression may facilitate client comfort with, and understand of, compression therapy. For clients with diabetes for the protection of feet from mild trauma, friction/shear injury For clients who require mild compression therapy for the treatment of: Venous insufficiency with or without ulcer(s) or Arterial/venous insufficiency with or without ulcer(s) or Lymphedema with or without ulcers(s) or Generalized edema 		
Precautions	Sock should not slip down or buncher	ed around ankles as it may cause a tourniquet effect	
Formats & Sizes	Sock (2/package) need 2 pairs Knee high – Black or White Shoe Size XS S M Women 4.5-6.5 7-9 9.5-11	L XL 11.5-13 10.5-12 12.5-14	
Apr	olication Directions	Rationale	
ensure that spaces bet To Apply	with a non-rinse cleanser. Pat to dry, tween the toes are well dried. ut: put hand inside the sock, grasp the	Folding back the sock will minimize the 'bunching' of the dressing when the sock is pulled up the leg.	
Insert toes/forefoot in heel are correctly posi	to the sock. Slide foot in until toes and tioned in the sock.		

















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Grasp the top of the socking; pull it up over the ankle and the calf. The top of the stocking should sit 2 finger-widths below the knee. Ensure no wrinkles in the sock and that the toes can move freely.	The 2 finger-width ensures that there is no compression placed on the popliteal space. Stocking fabric should never be bunched, folded or rolled. One single layer of fabric ensures no areas of layered compression.		
To Remove			
Grasp the top of the socking and peel it down over the heel and off the toes.	Peeling the stocking off ensures that the stocking will not bunch, roll or layer which could create a risk of a tourniquet effect.		
Daily Care			
Laundry socks in cold water by hand; do not use fabric softener or bleach.	Given everyday use, the recommended replacement of stockings is 4-6 months to ensure adequate compression.		
Hang until completely dry.			
Expected Outcomes			
Lower limb is protected from minor trauma, friction/shear.			
Mild compression assists with managing mild edema.			
For further information, please contact NSWOC/Wound Clinician			