

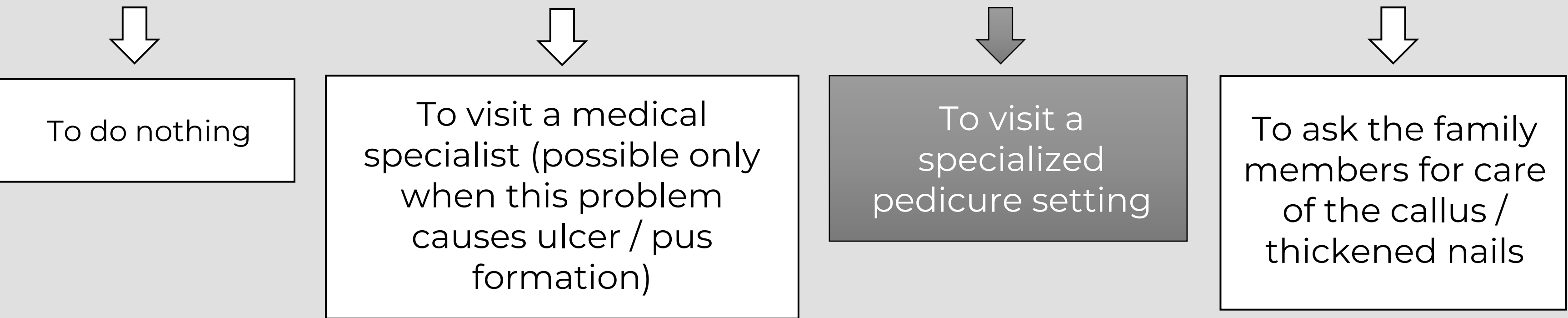
A person with diabetes comes to a pedicure practice: what is going on there?

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Background: In countries with not or poorly established medical podiatry service, a person with diabetes mellitus (DM) and massive callus or serious nail problems has only the following options:



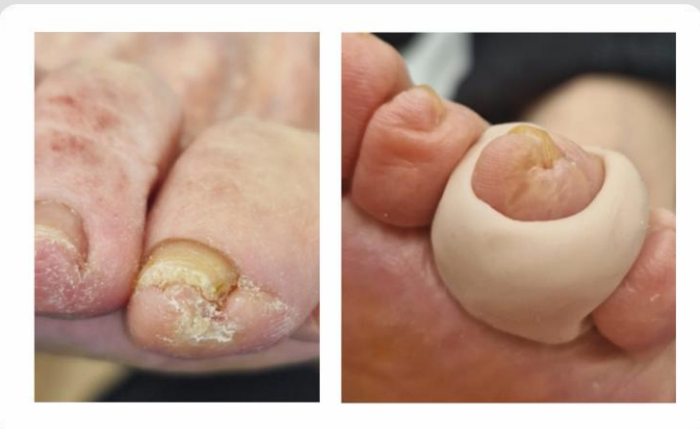
In these countries a special sub-area of pedicure exists, with non-official name “peri-medical pedicure” (pedicure for feet with problems) Following are examples of problems being solved by peri-medical pedicure specialists (before / after care):



Massive callus



Non-surgical correction of nail plate deformity in case of ingrown nail (orthonyxia)



Manufacturing of removable silicone off-loading devices (orthoses)



Thickened, deformed nails



Removal of callous edges of skin cracks by a pedicure machine

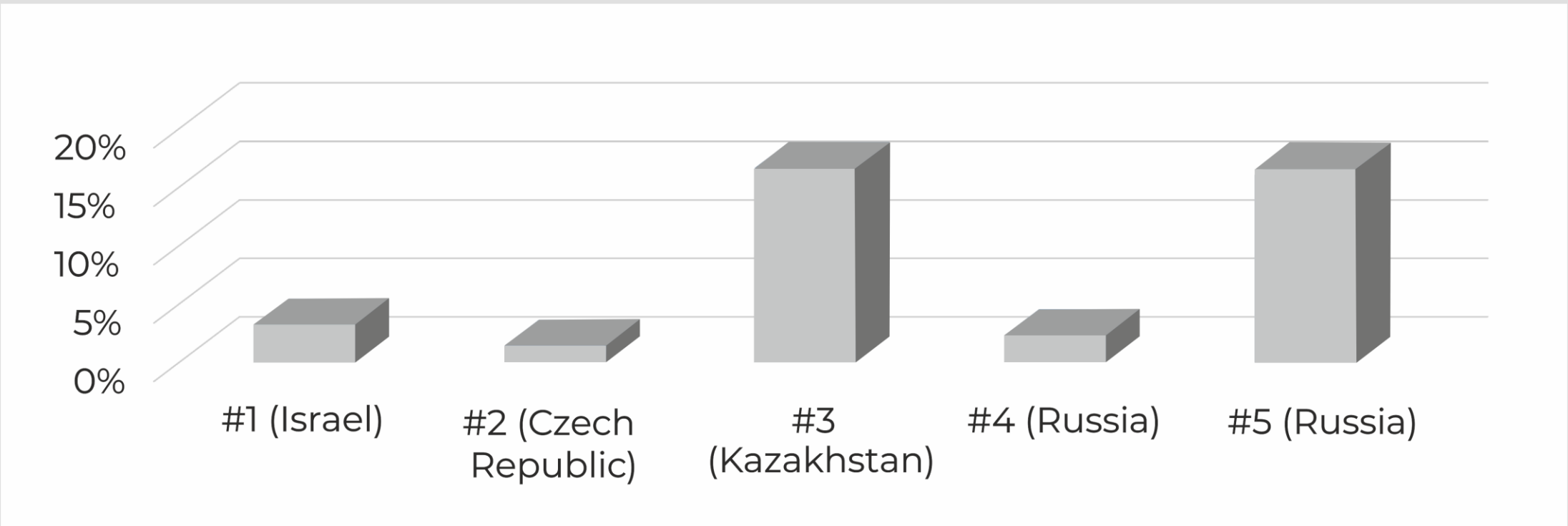
Our study analyzed in what situations pedicurists can provide safe care in DM.

Methods: Five pedicure practices in 4 countries (Israel, Russia, Kazakhstan, Chekh Republic) collected data during 5 months (Oct 2025 – Feb 2026). Besides demographic data for all clients, for DM we analyzed reasons for and methods of footcare, and also collaboration between pedicurists and medical specialists.

Results: During the study, 3195 clients received footcare. Of them 156 (4.9%), had diabetes (from 1.4% to 16.6% among the practices). Clients with diabetes were older than others (mean 63 vs. 45 years, $p < 0,01$), and 44% vs 25% (with / without DM) were men ($p < 0,01$). Reasons for pedicure (in clients with DM) and severity of problems are presented in the **Table**.

Of the clients with diabetes, 15% were referred by doctors. Vice versa, 22% got referral to a medical care setting from the pedicure practice.

Prevalence of DM among all clients



Callus, including:	38%
Pre-ulcerative	10%
Ulcer revealed under the callus	10%
In-grown nails:	24%
Need nail file / tamponade	15%
Need nail brace	15%
Referred to surgical intervention	1%
Thickened nails (onychomycosis/ -gryphosis)	40%
Need atraumatic reduction of thickness	40%
Skin lesion (ulcer) revealed under the nail	8%
Cracks of dry skin:	19%
Need edge callosity removal with pedicure drill	18%
Deep fissures, discharge, need for wound dressing	3%
Skin diseases that need referral to dermatologist	3%
A client came with diabetic foot ulcer	4%

Conclusions:

- In countries without established medical podiatry, pedicure practices, at least in the nearest 5-7 years, will have to provide footcare for clients with diabetes.
- It is reasonable to educate pedicure specialists about “red flags” of diabetic foot, first aid in pre-ulcerative conditions, and develop pathways of collaboration with wound clinics.