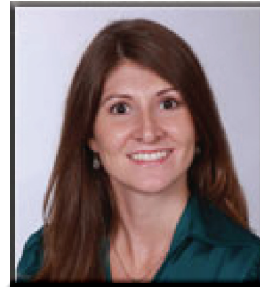


Our goal as diabetic footcare specialists is to educate, prevent, diagnose, and treat diabetic patients. We perform annual comprehensive foot examinations and risk assessment, routine evaluations, provide general foot self-care education to all diabetic patients, and fit our patients with appropriate shoes, orthoses, and braces.

Our physicians utilize enhancing ancillary services including PADNet testing, neurological consult, epidermal nerve fiber density studies, gait analysis, and other physical modalities to provide excellent diabetic foot care and to prevent any further foot complications.

Dr. Angela Molnar

Undergraduate: Marshall University
DPM: The Ohio College of Podiatric Medicine
Residency: 3 year surgical residency at James H. Quillen VA Medical Ctr/Foot and Leg Healthcare Specialists.
Member of American Podiatric Medical Association and SCPMA.



CAROLINA
MUSCULOSKELETAL
INSTITUTE



THE DIABETIC
FOOTCARE
SPECIALISTS FOR
AIKEN COUNTY

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- Diabetes mellitus affects an estimated 25.8 million Americans worldwide and almost one-third of those don't know it¹
- Over 1.5 million new cases of diabetes are diagnosed annually²
- Another 79 million people have pre-diabetes
- Diabetic neuropathy is the most common form of neuropathy in developed countries and is responsible for 50% to 75% of nontraumatic amputations³
- The major morbidity is foot ulceration, which can lead to gangrene and ultimately to limb loss.
- 60-70% of foot ulcers are preceded by neuropathy
- 85% of diabetes related lower limb amputations are preceded by a foot ulcer⁴



Our goal is to **PREVENT** this!



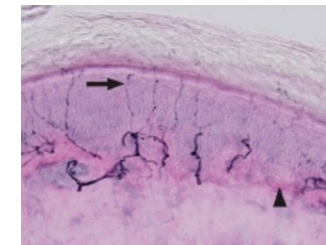
The most high-risk patient is the insensate patient.

- There is a strong correlation between foot pressures and ulceration. Pressure relief correlates to a decreased incidence of diabetic ulcerations.
- Appropriate fitting inserts and supportive shoes can significantly reduce the risk of ulceration in the diabetic patient.
- Each year, 96,000 amputations are performed on diabetic patients in the United States, yet up to 75% of these procedures are preventable by timely conservative care.¹

Our podiatry staff utilizes the most advanced diagnostic studies available including:

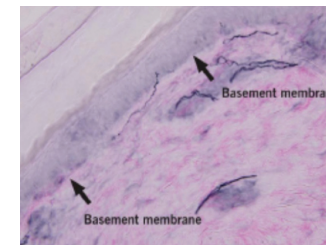
- Comprehensive Diabetic Foot Care Examination to identify risk factors predictive of ulcers and amputations
- Diagnostic Ultrasound
- Computer Gait analysis
- In-office vascular laboratory, PADNet testing
- Epidermal nerve fiber density

Normal



Normal nerve fiber density. Arrow points to the small nerve fiber in the epidermal layer of skin, arrowhead points to the basement membrane that separates the dermis from the epidermis.

Abnormal



Low normal nerve fibers, consistent with small fiber neuropathy. The arrow points to the basement membrane of the epidermis.

1. Michael Smith. Diabetes Rising in U.S., CDC Reports 2011. North American Correspondent, MedPage Today.

2. Gerard Said. Diabetic Neuropathy - A Review. Nature Clinical Practice Neurology. 2007;3(6):331-340

3. Carolina M. Casellini, MD; Aaron I. Vinik, MD. Clinical Manifestations and Current Treatment Options for Diabetic Neuropathies; Endocrine Practice. 2007;13(5):550-556

4. Gordios et al. Diabetes Care. 2003; 26: 1790-1795.
Reiber G, et al. Diabetes in America. 1995; 2nd ed: 409-428