Guide to heel Protectors

- Heel protectors are to be used when heels are assessed as at risk of pressure damage and require off-loading
- Clinicians should regularly check to ensure they remain in the correct place and the heel is properly off-loaded. Place your hand under the heel to check that it is not bottoming out
- If the patient is on a dynamic mattress they should still be using an offloading boot
- Do not put foot protectors in a pillow case as this will cause hammock effect
- If the patient has extreme foot drop, other lower leg deformities or the patient is struggling to get on with them - please contact Tissue viability for support
- All patients with damage to the heel need to have a lower limb assessment to aid management of the heel

1. Repose Boots

Repose boots can be ordered directly from Millbrook if you have a Millbrook PIN. Otherwise please contact Tissue Viability.
Repose Foot Protectors are a unique product designed specifically to minimise the risk of pressure damage to heels.

Whilst support surfaces assist in reducing pressure, only a specific device such as the Repose Foot Protector can ensure that pressure on the foot is relieved totally.

The Repose Foot protection boots are used for prevention of pressure damage specifically for the heels and also for the treatment of pressure damage up to category 4.

The repose foot protector should be used with all pressure relieving mattresses including dynamic air mattresses.

**Repose boots are not suitable for the following:**

- Where the size or shape of the person’s limb is such that it cannot be fully supported by the repose foot protector
- Pressure damage to the malleolus
To inflate – pictures 1-4 above

1. Remove the foot protectors from the pump and join the two halves to form the pump
2. Connect the valve on the pump to the valve on the foot protector - push to fit.
3. Inflate until you hear air exhausting from the pump valve. Discontinue pumping and wait until you no longer hear air escaping.
4. Remove from pump and cover with the solid end of the valve cap. – check device daily to ensure proper inflation level, in case of double repeat inflation procedure
5. To secure the repose foot protectors to the patient’s leg use a light bandage or stocking.

DO NOT put the foot protection boot inside a pillowcase- this causes a hammocking effect and prevents the foot protector from working.

Do not attempt to walk in the repose foot protectors.

Avoid contact with heat and sharp objects.

Keep away from babies, small children, and pets.

To deflate – pictures 6 – 8 above

6. Insert the open end of the Valve cap into the valve. Air can now escape from the valve allowing the foot protector to deflate.
7. Roll up the foot protector starting from the point furthest from the valve, continue until all air is expelled
8. Clean and allow to dry. Replace foot protector into the pump. Refit the two tubes together and rotate outer tube until it clicks closed.

If the individual has malleolus pressure damage the Heelift boot would be recommended instead of the repose boot.
2. Heelift Boot

The Heelift boot is ordered from Tissue Viability with an equipment request form.

The heelift boot is suitable:
- If the repose boot does not meet the patients’ needs
- For patients with pressure damage to the malleolus (ankle).
- For patients with extreme foot drop or foot/ankle deformity.

The Heelift boot is a high density foam boot that is for **single patient use**. The foam can be cut and the boot adapted for malleolus pressure damage. With the boot also comes a spare square of foam that can be used to prevent foot drop or hip rotation.

Recommended patient dimensions for sizing

<table>
<thead>
<tr>
<th>Heelift petite</th>
<th>Heelift standard</th>
<th>Heelift bariatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available in smooth and convoluted foam interiors</td>
<td>Available in smooth and convoluted foam interiors</td>
<td>Available in smooth and convoluted foam interiors</td>
</tr>
<tr>
<td>Calf circumference</td>
<td>Calf circumference</td>
<td>Calf circumference</td>
</tr>
<tr>
<td>6-10 inches/15-25cm</td>
<td>8-14 inches/20-36cm</td>
<td>12-23 inches/30-58cm</td>
</tr>
<tr>
<td>Weight</td>
<td>Weight</td>
<td>weight</td>
</tr>
<tr>
<td>32kg-59kg</td>
<td>54kg-13kg</td>
<td>100kg-272kg</td>
</tr>
</tbody>
</table>
STEP 1: Place the foot inside the boot with the heel positioned above the heel suspension opening. The heel should hang over the bottom elevation pad.
STEP 2: Pull the closure straps over the leg and thread them through the D-rings. Use hook-and-loop closures to secure the straps. Leave flaps slightly open to provide added ventilation.

STEP 3: Test for the proper fit. You should be able to fit your fingers between the heel opening and the bed. The boot should not move freely on the leg.
**HIP ROTATION:** Secure the extra pad in a horizontal position to outer side of the boot.

**FOOT DROP:** Secure the extra pad in a vertical position behind the sole of the foot.
MALLEOLAR DECUBITUS: Cut away the bumps surrounding the ankle. Cut a portion of the fixed pad if necessary.

ACHILLES TENDON: If redness occurs in this area, cut a “V” shape out of the fixed pad. If using both pads, customize the upper pad.