START HERE

Your first week

You don’t need to read the whole book before you start. Here is one small job a day. Check each one off.

- ☐ **DAY 1** Read the warning list (page 1). Then look at both feet, soles and between the toes (page 62). Start the tracker on the next page.
- ☐ **DAY 2** Line up every pair of shoes you wear, slippers too. Twist each sole and feel inside each one (page 40). Pick your best pair for every day.
- ☐ **DAY 3** Gather every pill bottle, supplements included. Add up the B6 (page 87). Write the list on the worksheet (page 145).
- ☐ **DAY 4** Walk from your bed to the bathroom with the lights on. Look for anything you could trip over at night. Clear the floor and add a night-light (page 58).
- ☐ **DAY 5** Start the test week of the movement plan: count your steps and do the four tests (page 53).
- ☐ **DAY 6** Fix the sheet problem (page 70). Check your bath water with a thermometer (page 65).
- ☐ **DAY 7** Look back at your tracker. What changed? Then book the visit you need, and take the worksheet (page 145).

> ▶ **ONE RULE FOR THE WHOLE WEEK**
>
> The safety jobs above can all start now. For anything you buy or take for the burning, change one thing at a time. Change five at once and feel better, and you will never know which one did it. You will keep paying for all five.

From Managing Peripheral Neuropathy by Dr. Tom Biernacki (Balance Foot & Ankle Press, 2026).
You may copy these pages for your own use. Education, not medical advice. Page numbers refer to the book.

TRACKER

Seven-day tracker

Fill in one row each evening, at about the same time. Bring it to your visit. A week of real numbers beats “it’s been bad lately.”

DAY	LOOKED AT MY FEET	PAIN TODAY 0–10	TIMES I WOKE	MINUTES I MOVED	WHAT I CHANGED OR NOTICED
1	☐				
2	☐				
3	☐				
4	☐				
5	☐				
6	☐				
7	☐				

0 = no pain 5 = hard to ignore 10 = the worst you can imagine

Where the numb line is today

How far I can walk today

At the end of the week: what got better, what stayed the same, and what got worse?

This tracker helps your visit. It is not a medical test. You may copy this page for your own use as often as you like.

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MOVEMENT LOG

Twelve-week movement log

Do the four tests in weeks 0, 6 and 12 (page 53). Then check off each session as you do it.

TEST	WEEK 0	WEEK 6	WEEK 12
Chair stands in 30 seconds			
One foot at the counter (seconds, up to 30)			
Steps a day (the week's average)			
Foot pain, 0–10			
How much it spoils sleep, 0–10			

	FOOT AND ANKLE			BALANCE				
WEEK	MON	WED	FRI	TUE	THU	STEPS A DAY	EFFORT 0–10	FEET CHECKED
1	☐	☐	☐	☐	☐			☐
2	☐	☐	☐	☐	☐			☐
3	☐	☐	☐	☐	☐			☐
4	☐	☐	☐	☐	☐			☐
5	☐	☐	☐	☐	☐			☐
6	☐	☐	☐	☐	☐			☐
7	☐	☐	☐	☐	☐			☐
8	☐	☐	☐	☐	☐			☐
9	☐	☐	☐	☐	☐			☐
10	☐	☐	☐	☐	☐			☐
11	☐	☐	☐	☐	☐			☐
12	☐	☐	☐	☐	☐			☐

Effort: how hard the session felt, 0 to 10. At 0 to 2, go up a step next time; at 8 to 10, go back one (page 54). You may copy this page for your own use.

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WORKSHEET

Appointment worksheet

Before your visit

My main problem, in one sentence

When it started, where, and how it has spread

What it stops me doing now

What I have tried: what helped, what didn't, any side effects

Falls, burns, blisters or sores since my last visit

My medicines and supplements, with doses (or bring the bottles)

My top three questions

1

2

3

Bring

- [ ] The shoes and inserts I wear most
- [ ] Every medicine and supplement, or the bottles themselves
- [ ] My seven-day tracker (page 143)
- [ ] The person who helps me, if I have one

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WORKSHEET

At the visit

What do you think is causing this?

Which tests are we doing, and what will each one tell us?

The plan: what, how often, for how long, and what it costs

What counts as working, and when will we check?

What should make me call before then?

Other questions, and the answers

My next visit

Who I call if it gets worse

▶ **ASK BEFORE YOU LEAVE**

"If this doesn't work, what do we try next?" A good plan has a second step. If nobody can name one, write that down too, and bring it up next time.

You may copy this worksheet for your own use.

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