



# Personalized and predictive strategies for diabetic foot ulcer prevention and therapeutic management: potential improvements through introducing Artificial Intelligence and wearable technology

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## Abstract

Diabetic foot ulcers represent a serious and costly complication of diabetes, with significant morbidity and mortality. The purpose of this study was to explore advancements in Artificial Intelligence, and wearable technologies for the prevention and management of diabetic foot ulcers. Key findings indicate that Artificial Intelligence-driven predictive analytics can identify early signs of diabetic foot ulcers, enabling timely interventions. Wearable technologies, such as continuous glucose monitors, smart insoles, and temperature sensors, provide real-time monitoring and early warnings. These technologies promise to revolutionize diabetic foot ulcer prevention by offering personalized care plans and fostering a participatory healthcare model. However, the review also highlights challenges such as patient adherence, socioeconomic barriers, and the need for further research to validate these technologies' effectiveness. The integration of artificial intelligence and wearable technologies holds the potential to significantly improve diabetic foot ulcer outcomes, reduce healthcare costs, and provide a more proactive and personalized approach to diabetic care. Further investments in digital infrastructure, healthcare provider training, and addressing ethical considerations are essential for successful implementation.

**Keywords:** diabetic foot ulcers, artificial intelligence, wearable technology, personalized medicine

## Introduction

Diabetic foot ulcers (DFUs) are a severe and costly complication of diabetes mellitus, significantly impacting patient morbidity and mortality. With the global prevalence of diabetes projected to reach 1.3 billion by 2050, the incidence of DFUs is expected to rise proportionately [1]. Currently, up to one-third of individuals with diabetes will develop a foot ulcer in their lifetime, highlighting the urgent need for effective prevention, management strategies, and surgical interventions [2].

DFUs often result in serious

consequences, including a high risk of amputation. More than 80% of non-traumatic lower extremity amputations in diabetic patients are preceded by DFUs [3]. Amputations are categorized as minor (involving toes or parts of the foot) or major (removal of the limb below or above the knee), with increased risk correlated to ulcer duration, severity, infection, and inadequate glycemic control [4]. The associated 5-year mortality rate for DFUs is 45-55%, exceeding that of many cancers [2,5], due to complications like infections and cardiovascular diseases, and the added stress of amputation [6].

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Economically, DFU management imposes a significant burden. In the United States, annual healthcare costs for DFU treatment range from \$9 to \$13 billion, not including additional costs related to hospitalization, rehabilitation, and long-term care [7]. Indirect costs, such as productivity loss and disability care, further exacerbate this economic strain [8].

Addressing DFUs necessitates a multidisciplinary approach, including diabetes management, patient education, regular foot examinations, and preventive actions to reduce DFU incidence and improve outcomes [9-11]. The rapid development of healthcare technology, particularly AI and wearable devices, offers new possibilities in DFU prevention and management. AI's application of machine learning and algorithm-based decision-making enhances diagnostic accuracy and treatment efficacy, revolutionizing patient care [12,13].

This paper reviews advancements in AI and wearable technologies, assessing their potential to improve healthcare delivery, provider training, patient outcomes, and system efficiencies in DFU management.

### Methods

This narrative review aims to explore the advancements in AI, and wearable technologies, alongside their potential applications in the prevention and management of DFUs.

#### Search strategy

A systematic search of the literature was conducted using online databases, including PubMed, Google Scholar, IEEE Xplore, and Web of Science. The search terms included combinations of keywords such as “diabetic foot ulcers”, “artificial intelligence”, “wearable technology”, “continuous glucose monitoring”, “predictive analytics”, “preventive care”, “personalized medicine”, “foot health monitoring”, and “patient engagement tools”. Articles published between 2010 and 2024 were considered to ensure a comprehensive inclusion of the most recent and relevant studies.

#### Inclusion and exclusion criteria

##### *Inclusion criteria:*

1. Studies about application of AI and wearables in diabetic foot care.
2. Publications in English.

##### *Exclusion criteria:*

1. Articles not relevant to the core themes of AI, wearables and DFU.

Data extraction involved identifying and summarizing key information from each selected study, focusing on the following aspects:

- The types of technologies and their applications in DFU prevention and management.
- The effectiveness of these technologies in preventing DFUs and improving patient outcomes.
- The benefits and challenges associated with the

integration of AI and wearable technology in diabetic foot care.

#### *Limitations*

The narrative review acknowledges certain limitations:

1. Potential publication bias due to the selective inclusion of articles.
2. The rapid evolution of AI, and wearable technologies may result in some studies becoming outdated quickly.

### Where are we now in the prevention and management of DFUs?

There is an urgent need to shift from a generalized to a personalized approach in preventing and managing diabetic foot ulcers (DFUs) [14]. Traditional healthcare methods, which categorize patients into broad risk groups, fall short in effectively preventing this complication. A move towards personalized medicine is needed to tailor interventions to each patient's unique characteristics [14]. Van Netten and colleagues stress that DFUs significantly increase morbidity and healthcare costs [14]. Current prevention strategies often overlook complex factors like neuropathy and foot deformities, and stratified care lacks the precision to address individual risks. Additionally, preventive strategies are less prioritized, as indicated by a study revealing a 1 to 36 ratio of papers on prevention versus treatment from 2015 to 2019 [14].

Knowledge of ulcer development remains limited, with outdated or narrow research focusing mainly on non-modifiable factors [15]. The International Working Group on the Diabetic Foot's (IWGDF) risk stratification oversimplifies risk categories, failing to distinguish between different ulcer histories [16]. Enhanced understanding of ulceration pathways is crucial for improving prevention. Furthermore, the disease's nature complicates involvement from patients and primary care professionals, while most studies are conducted in tertiary centers lacking training programs for handling DFUs.

### AI and wearable technology working for the DFU patient

The integration of advanced technologies into diabetic foot care has been proposed, utilizing AI and machine learning to analyze large datasets and predict ulcer development more accurately than traditional methods [14,17,18]. Patients can input health data into an app, receive tailored feedback, and track improvements, motivating continued use and adherence to instructions [19].

AI-driven medical technologies enhance clinical practice by providing patients with autonomy and giving clinicians advanced tools for disease prediction, detection, monitoring, and treatment. AI's role in diagnostics includes analyzing complex medical data, improving early detection

of conditions like cancer and diabetes [20-22]. This approach facilitates predictive, preventive, personalized, and participatory healthcare, aligning with the 4P model [23,24]. AI-powered technologies are transforming healthcare by aligning with the 4P model: Predictive, Preventive, Personalized, and Participatory practices.

Predictive medicine leverages AI's capabilities to analyze vast datasets from electronic health records and genetic information to identify risk factors and forecast potential health issues. This proactive approach aims to prevent diseases and reduces the burden on healthcare systems, particularly in diabetes mellitus (DM) and diabetic foot ulcers (DFU) [25].

Preventive measures focus on forestalling diseases rather than treating them post-diagnosis. Continuous monitoring and real-time data analysis by AI enable early detection of anomalies, significantly reducing the likelihood of severe complications and costly medical interventions [26,27].

Personalized healthcare proposes treatments to individual patients based on their genetic background, lifestyle, and medical history. AI's ability to analyze complex medical data at an individual level enhances the efficacy of treatments, minimizing adverse drug reactions and optimizing patient outcomes [13,28].

Participatory medicine empowers patients to manage their health actively. Smartphones and wearable biosensors facilitate the management of electronic health records and monitor vital functions, encouraging therapeutic compliance and a patient-centric healthcare journey [26,29-32].

Wearable technologies play a role in monitoring foot health in real-time by tracking parameters like plantar pressure, temperature, and movement. These devices provide early warnings of potential issues, allowing timely interventions and improving patient outcomes in DFU prevention [14,18,26,33].

### **Patient education for prevention of DFUs**

There are papers that address the persistent issue of DFUs and the inadequacy of current preventive strategies, particularly focusing on patient education, highlighting that, despite extensive educational efforts, a significant proportion of patients with diabetes do not adequately respond to education about foot care, resulting in poor self-management and a high incidence of DFUs [34].

The reasons for this lack of response to education followed interventions that often failed to account for the individual differences in patients' cognitive and emotional capacities, cultural background, and socioeconomic status. These factors can significantly impact a patient's ability to understand and implement recommended foot care practices [34,35]. For example, patients with lower health literacy, cultural differences or those from disadvantaged backgrounds may struggle more with following complex

care instructions [36].

Even when patients understood the importance of foot care, they might lack the motivation or resources to apply this knowledge consistently. Factors such as depression, which is prevalent among people with chronic illnesses like diabetes, can further diminish the effectiveness of educational interventions and increase amputation and mortality among people with DM and DFU [37,38]. Additionally, practical barriers, such as the inability to afford proper footwear or the lack of access to regular medical check-ups, undermine the impact of education [34].

Without any doubt while patient education is crucial as a first line of preventive measures against DFU in patients with DM, it is insufficient on its own to prevent DFUs effectively. A shift towards more individualized and supportive interventions is necessary to enhance patient adherence to foot care practices and ultimately reduce the incidence of DFUs and this could be achieved with smart applications and Artificial Intelligence monitoring and intervening [34].

### **What are the flaws of the current risk assessments for DFU patients ?**

Beulens et al. conducted a systematic review identifying 34 models predicting diabetic foot ulcer (DFU) development and amputation in patients with diabetes, involving 37 variables categorized into seven groups: demographics (age, sex, ethnicity), diabetes-related factors (type, duration, HbA1c), health behaviors (smoking, BMI), clinical measures (lipids, blood pressure, foot sensitivity), medical history (prior ulcers, kidney function loss), medication/treatment, and physical/functional status [39]. While many variables are integrated into current prediction scores, several, such as fasting glucose variations, foot temperature, and foot sensitivity, are subject to continuous change. Evaluating these factors requires multiple healthcare visits, often causing patient dissatisfaction, low compliance, and increased costs, especially outside specialized, multidisciplinary centers. Additionally, the review noted some variables, such as physical activity, psychiatric disorders (e.g., depression), plantar pressure, and gait, were not adequately assessed. Furthermore, more than half of the identified risk factors are non-modifiable, highlighting the need to focus on modifiable factors and research new potential variables that could be targeted for intervention. This emphasizes the importance of a more dynamic, patient-centric approach to DFU risk management to improve outcomes and reduce healthcare burdens [38,39].

The 2023 IWGDF guidelines provide a framework for preventing DFUs through patient risk stratification and recommended frequencies for doctor appointments. These guidelines aim to optimize preventive care and early intervention based on the patient's risk level [40].

### **AI and wearable technology as game changers in DFUs – what has been done**

Nowadays we have the option to record and integrate most of these variables in mobile applications connected to smart wearable sensors, applications which could have the options for the patients to fill in certain health results after blood tests for example, the height or the weight. This could transform the proposed visits to the footcare facilities into events driven by certain modifications discovered through smart applications and AI. We are going to evaluate some of the actual sensors and applications on the market based upon studies that proved their efficacy, trying to prove the feasibility of this idea.

#### **Mobile health applications**

Mobile health applications for diabetic foot care offer educational resources, interactive tools, and personalized support, helping patients manage their foot health daily. Accessible via smartphones and tablets, these apps incorporate key features such as interactive learning modules, daily reminders, personalized care plans, telemedicine integration, tracking, and community support.

Interactive modules in apps like MySugr and Glucose Buddy use videos, animations, and quizzes to educate patients on foot inspection, footwear, nail care, and blood glucose maintenance, enhancing information retention [41,42]. Daily reminders prompt patients to check for foot issues, customize alerts for doctor appointments, and medication schedules to promote consistency. Personalized care plans are generated based on user inputs, such as neuropathy and ulcer history, providing tailored advice [43].

Telemedicine features enable direct consultations with healthcare providers through video calls and chat functions, improving access for patients with mobility issues or in remote areas. Apps also track patient foot care activities and health metrics, sharing data with providers for ongoing monitoring and timely intervention. Community features, found in apps like Diabetes Connect, foster peer support, enhancing motivation for foot care [44,45].

These apps empower patients to prevent DFUs and reduce healthcare costs, offering an accessible solution for continuous education and engagement [46]. However, they currently lack integration with wearable sensors, electronic health records, and personalized medical feedback.

#### **Foot temperature monitoring**

Monitoring foot temperature has emerged as a vital strategy for early detection of potential ulceration in diabetic patients. Elevated local skin temperatures in one foot, compared to the corresponding area of the other foot, may indicate inflammation or infection, both precursors to ulcer development. Early identification of these anomalies allows for interventions before ulcers form, reducing the incidence of DFUs [47,48].

Several wearable devices have been developed to monitor foot temperature continuously. These devices, often in the form of insoles or socks embedded with sensors, measure temperature in various foot areas, transmitting data to a mobile app or central system for analysis [47]. Notable examples include the Podometrics SmartMat and SurroSense Rx by Orpyx Medical Technologies, which detect temperature differences across the feet [49,50]. The Podometrics SmartMat, used daily at home, alerts patients and healthcare providers to significant temperature differences, enabling early intervention. Clinical studies show that it significantly reduces foot ulcer incidence, with a sensitivity of 97% and specificity of 86% in detecting early ulceration signs [51].

Similarly, smart socks like the Siren Diabetic Socks incorporate temperature sensors within the fabric, continuously monitoring foot temperature and wirelessly transmitting data to an app. Upon detecting abnormalities, the app alerts the user and their healthcare team, prompting early intervention and reducing ulcer progression risk [47,52,53].

Despite the benefits, challenges such as the initial cost, patient adherence, data management, and privacy concerns affect the widespread adoption of these devices. However, the potential long-term savings from preventing complications support the cost-effectiveness of this technology [54].

#### **Plantar pressure monitoring**

Plantar pressure is a key factor in the development of diabetic foot ulcers (DFUs). Elevated pressure points can cause skin breakdown, especially in neuropathic patients who lack pain sensation. Monitoring plantar pressure enables early detection of high-risk areas, allowing for timely interventions to redistribute pressure and prevent ulcers. Golledge et al. emphasize that wearable sensors can provide real-time data, crucial for proactive foot care [55].

Tang et al. present a wearable insole system that measures both plantar pressure and shear stress, offering a comprehensive view of mechanical forces on the foot. This dual measurement is important as shear stress can exacerbate tissue damage, contributing to ulcer formation [56]. Clinical evidence supports the effectiveness of these devices; patients using pressure-sensing insoles experienced 86% fewer ulcer recurrences [57]. These smart technologies alert patients and clinicians to abnormal pressure patterns, prompting corrective actions like footwear adjustments or custom orthotics, extending ulcer-free periods [58].

Integrating pressure sensors with telehealth platforms further enhances patient outcomes. Real-time pressure data transmission enables continuous monitoring, timely treatment adjustments, and offloading alerts, reducing the need for frequent in-person visits and lowering healthcare costs [59]. Incorporating these data into large databases and using AI could further reduce costs and reaction times for



interventions.

While pressure-sensing technologies improve foot health outcomes [60,61], challenges include ensuring patient compliance and the cost of devices, despite their potential long-term savings [62,63]. Integrating these devices into healthcare workflows requires provider training in data interpretation and secure transmission of health information to protect patient privacy [64,65].

### Continuous glucose monitoring

Poor glycemic control is a trigger for distal neuropathy, a significant risk factor for DFUs. CGM systems are wearable devices that track glucose levels in the interstitial fluid, providing real-time feedback to patients and healthcare providers. Devices like the Dexcom G6 and Abbott's FreeStyle Libre have enhanced diabetes management by offering detailed insights into glucose fluctuations, helping patients make informed decisions regarding diet, activity, and medication [66]. These systems alert users to hyperglycemia or hypoglycemia, facilitating immediate corrective actions that are critical for preventing neuropathy and ulceration [67].

The integration of CGMs with smartphone applications enhances their utility. These apps analyze trends, offer personalized recommendations, and remind patients to check their feet, modify diets, or take medications. AI and ML incorporated into these apps predict glucose trends and potential complications, promoting proactive diabetes management. Additionally, implantable drug delivery systems represent another frontier by automatically delivering insulin based on real-time glucose readings, which can reduce the burden of diabetes management and minimize DFU risks [68].

Multi-parameter sensors that monitor glucose alongside heart rate, temperature, and activity provide a comprehensive health overview, aiding early detection of DFU risks [69]. Non-invasive technologies, such as sweat glucose sensors, offer a painless alternative, increasing patient compliance [70].

These technologies facilitate optimal glycemic control, reducing the risk of neuropathy and poor wound healing, key contributors to DFUs [71]. Advances in closed-loop artificial pancreas systems, with automated insulin delivery and predictive algorithms, further enhance glycemic control and reduce patient monitoring burdens [72-76]. Ongoing challenges like sensor accuracy and user calibration are areas for future research [77,78].

### Other sensors and wearables

Wearable technology has transformed cardiovascular health monitoring, providing real-time data on metrics like heart rate, arrhythmias, and blood pressure [64]. Advanced algorithms analyze this data to identify trends and potential health issues [79].

Modern wearables also detect heart arrhythmias,

such as. Early detection of atrial fibrillation through these devices is crucial for timely medical intervention [80].

Blood pressure monitoring has become more accessible via optical sensors that estimate blood pressure using pulse wave velocity [81].

### The future starts today – the transformative potential of AI and machine learning

AI and machine learning (ML) have the potential to significantly advance the management of diabetic foot ulcers (DFUs), improving the precision and effectiveness of screening, diagnosis, and patient monitoring. AI uses complex algorithms to analyze vast datasets, including clinical information, imaging results, and patient histories, to predict ulcer development risks. By integrating data from electronic health records (EHRs) and wearable devices, AI systems could enable personalized risk assessments, allowing for early intervention [82].

ML, a subset of AI, is trained on extensive datasets to identify patterns and make predictions. In diabetic foot care, ML algorithms process patient demographics, medical history, lab results, and imaging data to identify those at high risk of developing DFUs. These models analyze factors such as blood glucose levels, neuropathy severity, and foot pressure distribution to predict ulcer formation more accurately than traditional methods [83,84].

AI and ML also enhance patient monitoring through continuous monitoring devices like smart insoles and wearable sensors that track foot temperature, pressure, and movement [85]. AI algorithms analyze this data in real-time, detecting abnormal patterns indicative of ulcer development and alerting patients and healthcare providers for timely intervention. This proactive approach helps optimize treatment protocols tailored to individual risk profiles [86].

In addition, AI-driven decision support systems recommend specific wound care products, offloading devices, or surgical interventions based on the ulcer's characteristics and the patient's health status, enhancing treatment effectiveness [87]. Furthermore, large-scale data analysis facilitated by AI uncovers new insights into DFU progression, guiding future research and clinical practices.

Challenges in adopting these technologies include ensuring model accuracy, integrating them into clinical workflows, and maintaining data privacy [88]. However, AI and ML hold significant promise for improving DFU outcomes and reducing healthcare burdens [89].

### Discussion

This review explores the role of Artificial Intelligence (AI), machine learning (ML), and wearable technologies in the prevention and management of diabetic foot ulcers (DFUs). It emphasizes the advancements in these technologies and their transformative potential for patient care, especially in tackling the complex and costly

complications associated with DFUs. Traditional methods have often struggled to provide effective prevention, highlighting the need for innovative strategies to improve outcomes.

AI has become integral in identifying DFU risk through predictive analytics. By processing large datasets, AI algorithms analyze patterns in electronic health records (EHRs), lifestyle factors, biometric information, and clinical data to predict ulcer development risks. This possible early identification could allow timely interventions and personalized prevention strategies, enhancing the accuracy of risk assessments. For instance, AI systems can alert healthcare providers and patients to potential issues before they escalate into serious complications, enabling proactive patient education and modifications in care plans [82,90].

Machine learning (ML), a subset of AI, uses past patient data, including demographics, medical history, lab results, and imaging data, to detect subtle trends and correlations that may go unnoticed by traditional methods. ML algorithms can predict the likelihood of ulcer formation based on various factors such as blood glucose levels, neuropathy severity, and foot pressure distribution [83,84]. This capability helps in creating tailored interventions and managing individual patient needs more effectively.

Wearable technologies like continuous glucose monitors (CGMs), smart insoles, and temperature sensors provide real-time monitoring of foot health. CGMs track blood glucose levels continuously, assisting in maintaining better glycemic control and thereby reducing the risk of neuropathy, a critical factor in DFU development [91]. Smart insoles detect abnormal pressure points, while temperature sensors identify elevated skin temperatures—both early indicators of potential ulceration. These devices collect data and send alerts to patients and healthcare providers when signs of potential problems are detected [55]. Immediate corrective actions, such as adjusting footwear or reducing pressure, can be taken to prevent the progression of minor issues into severe ulcers [92,93].

Mobile health applications offer another dimension to DFU care by enhancing patient engagement and education. These apps provide personalized foot care plans, daily reminders for foot inspections, and guidance on footwear, allowing patients to manage their foot health proactively. By sending alerts for abnormal readings from wearable devices and offering educational resources, they improve patient adherence to preventive measures and empower users to take an active role in their care [94].

AI, through its ability to analyze large datasets, can identify subtle patterns and correlations that may not be apparent through conventional methods [95]. By linking data from CGMs, smart insoles, and temperature sensors with telemedicine platforms, healthcare providers can monitor patients remotely, especially those in underserved or rural areas [96,97]. This real-time flow of information enables timely interventions, reducing the need for frequent

in-person visits and improving access to specialized care. AI-driven analytics within these platforms ensure that alerts and recommendations are based on current, comprehensive data, enhancing the effectiveness of remote care.

Despite the benefits, challenges remain in ensuring patient adherence to wearable devices, integrating new technologies into clinical workflows, and maintaining data privacy [98]. Socioeconomic factors also affect access to these technologies. The rapid acceptance of telemedicine during the COVID-19 pandemic demonstrates a promising future for remote DFU management, but ongoing research, refinement, and support are needed to overcome existing barriers and fully realize the potential of AI, ML, and wearable technologies in improving DFU outcomes.

### Conclusions

In conclusion, the integration of AI, ML, and wearable technologies offers a promising approach to improving the prevention and management of diabetic foot ulcers. These advancements could lead to better patient outcomes, reduced healthcare costs, and a more proactive and personalized approach to diabetic care. However, ongoing research, strategic planning, and careful implementation will be essential to fully realize the potential benefits of these innovative technologies, especially in the prevention of diabetic foot ulcers.

### Future directions

Artificial intelligence (AI) enhances clinical decision-making and patient engagement, significantly improving diabetic foot ulcer (DFU) prevention and management. Patient engagement tools, like mobile health applications, empower individuals to take an active role in their care, promoting a proactive approach to foot health. Remote monitoring and telemedicine expand access to care, ensuring timely treatment regardless of location. Together, these innovations offer a comprehensive approach to DFU management, potentially improving patient outcomes and reducing healthcare costs.

Integrating AI and wearable technologies into DFU care can address some limitations of traditional methods. AI-driven health applications, connected to sensors, utilize the 4P principles (Predictive, Preventive, Personalized, and Participatory) to monitor foot temperature, pressure, and movement, providing real-time insights. Predictive analytics can identify early signs of potential ulcers, allowing for timely interventions before complications arise. While promising, these advancements require cautious interpretation. Continuous monitoring and personalized interventions appear effective in preventing DFUs, yet more research is needed to fully understand their potential.

The adoption of these technologies necessitates shifts in healthcare infrastructure, including investments in digital systems and training professionals to work

alongside AI tools. Ethical considerations, such as data privacy and potential AI bias, must also be addressed to ensure equitable healthcare delivery [17,99].

Wearable technology provides numerous benefits by enabling continuous data collection, which helps detect subtle health changes before they become severe. Patients can share health data with providers, facilitating personalized care. Despite their convenience, the accuracy and reliability of wearables remain a concern, emphasizing the need for corroboration with clinical-grade equipment. Ongoing advancements in sensor technology and algorithms are expected to enhance the precision of these health monitors [64,100].

Leveraging AI and wearable technologies in DFU care shows potential for improved patient outcomes and proactive health management. However, strategic planning, investment, and ongoing evaluation are crucial for maximizing benefits and minimizing risks.

## References

1. GBD 2021 Diabetes Collaborators. Global, regional, and national burden of diabetes from 1990 to 2021, with projections of prevalence to 2050: a systematic analysis for the Global Burden of Disease Study 2021. *Lancet*. 2023;402(10397):203-234. doi: 10.1016/S0140-6736(23)01301-6. Epub 2023 Jun 22. Erratum in: *Lancet*. 2023;402(10408):1132. doi: 10.1016/S0140-6736(23)02044-5.
2. Armstrong DG, Boulton AJM, Bus SA. Diabetic Foot Ulcers and Their Recurrence. *N Engl J Med*. 2017;376:2367-2375.
3. Hingorani A, LaMuraglia GM, Henke P, Meissner MH, Loretz L, Zinszer KM, et al. The management of diabetic foot: A clinical practice guideline by the Society for Vascular Surgery in collaboration with the American Podiatric Medical Association and the Society for Vascular Medicine. *J Vasc Surg*. 2016;63(2 Suppl):3S-21S.
4. Ortiz-Zúñiga Á, Samaniego J, Biagetti B, Allegue N, Gené A, Sallent A, et al. Impact of Diabetic Foot Multidisciplinary Unit on Incidence of Lower-Extremity Amputations by Diabetic Foot. *J Clin Med*. 2023;12:5608.
5. Walsh JW, Hoffstad OJ, Sullivan MO, Margolis DJ. Association of diabetic foot ulcer and death in a population-based cohort from the United Kingdom. *Diabet Med*. 2016;33:1493-1498.
6. Saluja S, Anderson SG, Hambleton I, Shoo H, Livingston M, Jude EB, et al. Foot ulceration and its association with mortality in diabetes mellitus: a meta-analysis. *Diabet Med*. 2020;37:211-218.
7. Rice JB, Desai U, Cummings AK, Birnbaum HG, Skornicki M, Parsons NB. Burden of diabetic foot ulcers for medicare and private insurers. *Diabetes Care*. 2014;37:651-658.
8. Raghav A, Khan ZA, Labala RK, Ahmad J, Noor S, Mishra BK. Financial burden of diabetic foot ulcers to world: a progressive topic to discuss always. *Ther Adv Endocrinol Metab*. 2018;9:29-31.
9. Meloni M, Andreadi A, Bellizzi E, Giurato L, Ruotolo V, Romano M, et al. A multidisciplinary team reduces in-hospital clinical complications and mortality in patients with diabetic foot ulcers. *Diabetes Metab Res Rev*. 2023;39:e3690.
10. Lipsky BA, Senneville É, Abbas ZG, Aragón-Sánchez J, Diggle M, Embil JM, et al. Guidelines on the diagnosis and treatment of foot infection in persons with diabetes (IWGDF 2019 update). *Diabetes Metab Res Rev*. 2020;36 Suppl 1:e3280.
11. Otelea MR, Streinu-Cercel A, Băicus C, Nătescu M. The Adipokine Profile and the Cardiometabolic Risk in Non-Obese Young Adults. *Balkan Med J*. 2019;36:155-161.
12. Bohr A, Memarzadeh K. The rise of artificial intelligence in healthcare applications. *Artificial Intelligence in Healthcare*. 2020:25-60. doi: 10.1016/B978-0-12-818438-7.00002-2
13. Alowais SA, Alghamdi SS, Alsuhebany N, Alqahtani T, Alshaya AI, Almohareb SN, et al. Revolutionizing healthcare: the role of artificial intelligence in clinical practice. *BMC Med Educ*. 2023;23:689.
14. Van Netten JJ, Woodburn J, Bus SA. The future for diabetic foot ulcer prevention: A paradigm shift from stratified healthcare towards personalized medicine. *Diabetes Metab Res Rev*. 2020;36 Suppl 1:e3234.
15. Crawford F, Cezard G, Chappell FM, Murray GD, Price JF, Sheikh A, et al. A systematic review and individual patient data meta-analysis of prognostic factors for foot ulceration in people with diabetes: the international research collaboration for the prediction of diabetic foot ulcerations (PODUS). *Health Technol Assess*. 2015;19:1-210.
16. Bus SA, Lavery LA, Monteiro-Soares M, Rasmussen A, Raspovic A, Sacco ICN, et al. Guidelines on the prevention of foot ulcers in persons with diabetes (IWGDF 2019 update). *Diabetes Metab Res Rev*. 2020;36 Suppl 1:e3269.
17. Pang TY, Lee TK, Murshed M. Towards a New Paradigm for Digital Health Training and Education in Australia: Exploring the Implication of the Fifth Industrial Revolution. *Appl Sci*. 2023;13:6854. doi: 10.3390/app13116854.
18. Gosak L, Svensek A, Lorber M, Stiglic G. Artificial Intelligence Based Prediction of Diabetic Foot Risk in Patients with Diabetes: A Literature Review. *Appl Sci*. 2023;13:2823. doi: 10.3390/app13052823
19. Bazoukis G, Hall J, Loscalzo J, Antman EM, Fuster V, Aroundas AA. The inclusion of augmented intelligence in medicine: A framework for successful implementation. *Cell Rep Med*. 2022;3:100485.
20. Maleki Varnosfaderani S, Forouzanfar M. The Role of AI in Hospitals and Clinics: Transforming Healthcare in the 21st Century. *Bioengineering (Basel)*. 2024;11:337.
21. Hosny A, Parmar C, Quackenbush J, Schwartz LH, Aerts HJWL. Artificial intelligence in radiology. *Nat Rev Cancer*. 2018;18:500-510.
22. Briganti G, Le Moine O. Artificial Intelligence in Medicine: Today and Tomorrow. *Front Med (Lausanne)*. 2020;7:27.
23. Karalis VD. The Integration of Artificial Intelligence into Clinical Practice. *Appl Biosci*. 2024;3:14-44. doi: 10.3390/applbiosci3010002

24. Orth M, Averina M, Chatzipanagiotou S, Faure G, Haushofer A, Kusec V, et al. Opinion: redefining the role of the physician in laboratory medicine in the context of emerging technologies, personalised medicine and patient autonomy ('4P medicine'). *J Clin Pathol.* 2019;72:191-197.
25. Johnson KB, Wei WQ, Weeraratne D, Frisse ME, Misulis K, Rhee K, et al. Precision Medicine, AI, and the Future of Personalized Health Care. *Clin Transl Sci.* 2021;14:86-93.
26. Piwek L, Ellis DA, Andrews S, Joinson A. The Rise of Consumer Health Wearables: Promises and Barriers. *PLoS Med.* 2016;13:e1001953.
27. Zhao J, Feng Q, Wu P, Lupu RA, Wilke RA, Wells QS, et al. Learning from Longitudinal Data in Electronic Health Record and Genetic Data to Improve Cardiovascular Event Prediction. *Sci Rep.* 2019;9:717.
28. Sherif RS, Elshemey WM, Attalla EM. The risk of secondary cancer in pediatric medulloblastoma patients due to three-dimensional conformal radiotherapy and intensity-modulated radiotherapy. *Indian J Cancer.* 2018;55:372-376.
29. Hood L, Auffray C. Participatory medicine: a driving force for revolutionizing healthcare. *Genome Med.* 2013;5:110.
30. Boffetta P, Collatuzzo G. Application of P4 (Predictive, Preventive, Personalized, Participatory) Approach to Occupational Medicine. *Med Lav.* 2022;113:e2022009.
31. Denecke K, Gabarron E, Petersen C, Merolli M. Defining participatory health informatics - a scoping review. *Inform Health Soc Care.* 2021;46:234-243.
32. Bajwa J, Munir U, Nori A, Williams B. Artificial intelligence in healthcare: transforming the practice of medicine. *Future Healthc J.* 2021;8:e188-e194.
33. Yuan Y, Liu B, Li H, Li M, Song Y, Wang R, et al. Flexible Wearable Sensors in Medical Monitoring. *Biosensors (Basel).* 2022;12:1069.
34. Molines-Barroso RJ, López-Moral M, Lázaro-Martínez JL. Diabetic Capital Punishment: Time for Amnesty. *J Clin Med.* 2022;11:6562.
35. Nazar CM, Bojerenu MM, Safdar M, Marwat J. Effectiveness of diabetes education and awareness of diabetes mellitus in combating diabetes in the United Kingdom: a literature review. *J Nephrothermol.* 2015;5:110-115.
36. West M, Chuter V, Munteanu S, Hawke F. Defining the gap: a systematic review of the difference in rates of diabetes-related foot complications in Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians. *J Foot Ankle Res.* 2017;10:48.
37. Cascini S, Agabiti N, Davoli M, Uccioli L, Meloni M, Giurato L, et al. Survival and factors predicting mortality after major and minor lower-extremity amputations among patients with diabetes: a population-based study using health information systems. *BMJ Open Diabetes Res Care.* 2020;8:e001355.
38. Williams LH, Rutter CM, Katon WJ, Reiber GE, Ciechanowski P, Heckbert SR, et al. Depression and incident diabetic foot ulcers: a prospective cohort study. *Am J Med.* 2010;123:748-754.e3.
39. Beulens JWJ, Yauw JS, Elders PJM, Feenstra T, Herings R, Sliker RC, et al. Prognostic models for predicting the risk of foot ulcer or amputation in people with type 2 diabetes: a systematic review and external validation study. *Diabetologia.* 2021;64:1550-1562.
40. Schaper NC, van Netten JJ, Apelqvist J, Bus SA, FitrIDGE R, Game F, et al. Practical guidelines on the prevention and management of diabetes-related foot disease (IWGDF 2023 update). *Diabetes Metab Res Rev.* 2024;40:e3657.
41. Debong F, Mayer H, Kober J. Real-World Assessments of mySugr Mobile Health App. *Diabetes Technol Ther.* 2019;21(S2):S235-S240.
42. Maharaj A, Lim D, Murphy R, Serlachius A. Comparing Two Commercially Available Diabetes Apps to Explore Challenges in User Engagement: Randomized Controlled Feasibility Study. *JMIR Form Res.* 2021;5:e25151.
43. Amjad A, Kordel P, Fernandes G. A Review on Innovation in Healthcare Sector (Telehealth) through Artificial Intelligence. *Sustainability.* 2023;15:6655. doi: 10.3390/su15086655
44. Jethwani K, Ling E, Mohammed M, Myint-U K, Pelletier A, Kvedar JC. Diabetes connect: an evaluation of patient adoption and engagement in a web-based remote glucose monitoring program. *J Diabetes Sci Technol.* 2012;6:1328-1336.
45. León-Vargas F, Martín C, García-Jaramillo M, Aldea A, Leal Y, Herrero P, et al. Is a cloud-based platform useful for diabetes management in Colombia? The Tidepool experience. *Comput Methods Programs Biomed.* 2021;208:106205.
46. Martínez M, Park SB, Maison I, Mody V, Soh LS, Parihar HS. iOS Appstore-Based Phone Apps for Diabetes Management: Potential for Use in Medication Adherence. *JMIR Diabetes.* 2017;2:e12.
47. Brooks E, Burns M, Ma R, Scholten HJ, Becker S. Remote Diabetic Foot Temperature Monitoring for Early Detection of Diabetic Foot Ulcers: A Cost-Effectiveness Analysis. *Clinicoecon Outcomes Res.* 2021;13:873-881.
48. Sraas H, Ead JK, Armstrong DG. Adherence and the Diabetic Foot: High Tech Meets High Touch? *Sensors (Basel).* 2023;23:6898.
49. Subramaniam S, Majumder S, Faisal AI, Deen MJ. Insole-Based Systems for Health Monitoring: Current Solutions and Research Challenges. *Sensors (Basel).* 2022;22:438.
50. Alfonso AR, Rao S, Everett B, Chiu ES. Novel Pressure-Sensing Smart Insole System Used for the Prevention of Pressure Ulceration in the Insensate Foot. *Plast Reconstr Surg Glob Open.* 2017;5:e1568.
51. Frykberg RG, Gordon IL, Reyzelman AM, Cazzell SM, Fitzgerald RH, Rothenberg GM, et al. Feasibility and Efficacy of a Smart Mat Technology to Predict Development of Diabetic Plantar Ulcers. *Diabetes Care.* 2017;40:973-980.
52. Reyzelman AM, Koelewyn K, Murphy M, Shen X, Yu E, Pillai R, et al. Continuous Temperature-Monitoring Socks for Home Use in Patients With Diabetes: Observational Study. *J Med Internet Res.* 2018;20:e12460.
53. Reyzelman AM, Shih CD, Tovmassian G, Nathan M, Ma R, Scholten HJ, et al. An Evaluation of Real-world Smart Sock-Based Temperature Monitoring Data as a Physiological Indicator of Early Diabetic Foot Injury: Case-Control Study. *JMIR Form Res.* 2022;6:e31870.
54. Azodo I, Williams R, Sheikh A, Cresswell K. Opportunities and Challenges Surrounding the Use of Data From Wearable



- Sensor Devices in Health Care: Qualitative Interview Study. *J Med Internet Res.* 2020;22:e19542.
55. Golledge J, Fernando M, Lazzarini P, Najafi B, G Armstrong D. The Potential Role of Sensors, Wearables and Telehealth in the Remote Management of Diabetes-Related Foot Disease. *Sensors (Basel).* 2020;20:4527.
  56. Tang J, Bader DL, Moser D, Parker DJ, Forghany S, Nester CJ, et al. A Wearable Insole System to Measure Plantar Pressure and Shear for People with Diabetes. *Sensors (Basel).* 2023;23:3126.
  57. Abbott CA, Chatwin KE, Foden P, Hasan AN, Sange C, Rajbhandari SM, et al. Innovative intelligent insole system reduces diabetic foot ulcer recurrence at plantar sites: a prospective, randomised, proof-of-concept study. *Lancet Digit Health.* 2019;1:e308-e318.
  58. Najafi B, Ron E, Enriquez A, Marin I, Razjouyan J, Armstrong DG. Smarter Sole Survival: Will Neuropathic Patients at High Risk for Ulceration Use a Smart Insole-Based Foot Protection System? *J Diabetes Sci Technol.* 2017;11:702-713.
  59. Haleem A, Javaid M, Singh RP, Suman R. Telemedicine for healthcare: Capabilities, features, barriers, and applications. *Sens Int.* 2021;2:100117.
  60. Lazzarini PA, Crews RT, van Netten JJ, Bus SA, Fernando ME, Chadwick PJ, et al. Measuring Plantar Tissue Stress in People With Diabetic Peripheral Neuropathy: A Critical Concept in Diabetic Foot Management. *J Diabetes Sci Technol.* 2019;13:869-880.
  61. Tang J, Bader DL, Parker DJ, Forghany S, Nester CJ, Moser D, et al. Evaluation of in-shoe plantar pressure and shear during walking for diabetic foot ulcer prevention. *J Wound Care.* 2023;32:587-596.
  62. Macdonald EM, Perrin BM, Cleeland L, Kingsley MIC. Podiatrist-Delivered Health Coaching to Facilitate the Use of a Smart Insole to Support Foot Health Monitoring in People with Diabetes-Related Peripheral Neuropathy. *Sensors (Basel).* 2021;21:3984.
  63. Ferguson C, Hickman LD, Turkmani S, Breen P, Gargiulo G, Inglis SC. "Wearables only work on patients that wear them": Barriers and facilitators to the adoption of wearable cardiac monitoring technologies. *Cardiovasc Digit Health J.* 2021;2:137-147.
  64. Kang HS, Exworthy M. Wearing the Future-Wearables to Empower Users to Take Greater Responsibility for Their Health and Care: Scoping Review. *JMIR Mhealth Uhealth.* 2022;10:e35684.
  65. Orlando G, Prior Y, Reeves ND, Vileikyte L. Patient and Provider Perspective of Smart Wearable Technology in Diabetic Foot Ulcer Prevention: A Systematic Review. *Medicina (Kaunas).* 2021;57:1359.
  66. Cappon G, Acciaroli G, Vettoretti M, Facchinetti A, Sparacino G. Wearable Continuous Glucose Monitoring Sensors: A Revolution in Diabetes Treatment. *Electronics.* 2017;6:65. doi: 10.3390/electronics6030065
  67. Mansour M, Darweesh M, Soltan A. Wearable devices for glucose monitoring: A review of state-of-the-art technologies and emerging trends. *Alexandria Engineering Journal.* 2024;89:224-243.
  68. Zhang J, Xu J, Lim J, Nolan JK, Lee H, Lee CH. Wearable Glucose Monitoring and Implantable Drug Delivery Systems for Diabetes Management. *Adv Healthc Mater.* 2021;10:e2100194.
  69. De Pascali C, Francioso L, Giampetruzzi L, Rescio G, Signore MA, Leone A, et al. Modeling, Fabrication and Integration of Wearable Smart Sensors in a Monitoring Platform for Diabetic Patients. *Sensors (Basel).* 2021;21:1847.
  70. Noura Z, Shah I, Aziz S, Ahmed A, Jung DW, Brahim L, et al. Wearable Healthcare Monitoring Based on a Microfluidic Electrochemical Integrated Device for Sensing Glucose in Natural Sweat. *Sensors (Basel).* 2022;22:8971.
  71. Najafi B, Reeves ND, Armstrong DG. Leveraging smart technologies to improve the management of diabetic foot ulcers and extend ulcer-free days in remission. *Diabetes Metab Res Rev.* 2020;36 Suppl 1:e3239.
  72. Dermawan D, Kenichi Purbayanto MA. An overview of advancements in closed-loop artificial pancreas system. *Heliyon.* 2022;8:e11648.
  73. Lal RA, Ekhlaspour L, Hood K, Buckingham B. Realizing a Closed-Loop (Artificial Pancreas) System for the Treatment of Type 1 Diabetes. *Endocr Rev.* 2019;40:1521-1546.
  74. Brooker G. The artificial pancreas. *Handb. Biomech.* 2018, p. 405-456.
  75. Friedman JG, Cardona Matos Z, Szmuiłowicz ED, Aleppo G. Use of Continuous Glucose Monitors to Manage Type 1 Diabetes Mellitus: Progress, Challenges, and Recommendations. *Pharmgenomics Pers Med.* 2023;16:263-276.
  76. American Diabetes Association Professional Practice Committee. 6. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes-2024. *Diabetes Care.* 2024;47(Suppl 1):S111-S125.
  77. Sherr JL, Heinemann L, Fleming GA, Bergenstal RM, Bruttomesso D, Hanaire H, et al. Automated insulin delivery: benefits, challenges, and recommendations. A Consensus Report of the Joint Diabetes Technology Working Group of the European Association for the Study of Diabetes and the American Diabetes Association. *Diabetologia.* 2023;66:3-22.
  78. Shajari S, Kuruvinashetti K, Komeili A, Sundararaj U. The Emergence of AI-Based Wearable Sensors for Digital Health Technology: A Review. *Sensors (Basel).* 2023;23:9498.
  79. Castaneda D, Esparza A, Ghamari M, Soltanpur C, Nazeran H. A review on wearable photoplethysmography sensors and their potential future applications in health care. *Int J Biosens Bioelectron.* 2018;4:195-202.
  80. Brandes A, Stavrakis S, Freedman B, Antoniou S, Boriani G, Camm AJ, et al. Consumer-Led Screening for Atrial Fibrillation: Frontier Review of the AF-SCREEN International Collaboration. *Circulation.* 2022;146:1461-1474.
  81. Konstantinidis D, Iliakis P, Tatakis F, Thomopoulos K, Dimitriadis K, Tousoulis D, et al. Wearable blood pressure measurement devices and new approaches in hypertension management: the digital era. *J Hum Hypertens.* 2022;36:945-

- 951.
82. Chemello G, Salvatori B, Morettini M, Tura A. Artificial Intelligence Methodologies Applied to Technologies for Screening, Diagnosis and Care of the Diabetic Foot: A Narrative Review. *Biosensors (Basel)*. 2022;12:985.
  83. Guan H, Wang Y, Niu P, Zhang Y, Zhang Y, Miao R, et al. The role of machine learning in advancing diabetic foot: a review. *Front Endocrinol (Lausanne)*. 2024;15:1325434.
  84. Pina AF, Meneses MJ, Sousa-Lima I, Henriques R, Raposo JF, Macedo MP. Big data and machine learning to tackle diabetes management. *Eur J Clin Invest*. 2023;53:e13890.
  85. Wang C, Yu X, Sui Y, Zhu J, Zhang B, Su Y. Magnetic Resonance Imaging Data Features to Evaluate the Efficacy of Compound Skin Graft for Diabetic Foot. *Contrast Media Mol Imaging*. 2022;2022:5707231.
  86. Sabry F, Eltaras T, Labda W, Alzoubi K, Malluhi Q. Machine Learning for Healthcare Wearable Devices: The Big Picture. *J Healthc Eng*. 2022;2022:4653923.
  87. Iqbal J, Cortés Jaimes DC, Makineni P, Subramani S, Hemaïda S, Thugu TR, et al. Reimagining Healthcare: Unleashing the Power of Artificial Intelligence in Medicine. *Cureus*. 2023;15:e44658.
  88. Ahmed MI, Spooner B, Isherwood J, Lane M, Orrock E, Dennison A. A Systematic Review of the Barriers to the Implementation of Artificial Intelligence in Healthcare. *Cureus*. 2023;15:e46454.
  89. Cassidy B, Hoon Yap M, Pappachan JM, Ahmad N, Haycocks S, O'Shea C, et al. Artificial intelligence for automated detection of diabetic foot ulcers: A real-world proof-of-concept clinical evaluation. *Diabetes Res Clin Pract*. 2023;205:110951.
  90. Pappachan JM, Cassidy B, Fernandez CJ, Chandrabalan V, Yap MH. The role of artificial intelligence technology in the care of diabetic foot ulcers: the past, the present, and the future. *World J Diabetes*. 2022;13:1131-1139.
  91. Rodríguez-León C, Villalonga C, Muñoz-Torres M, Ruiz JR, Banos O. Mobile and Wearable Technology for the Monitoring of Diabetes-Related Parameters: Systematic Review. *JMIR Mhealth Uhealth*. 2021;9:e25138.
  92. Tiwari B, Jeanmonod K, Germano P, Koechli C, Ntella SL, Pataky Z, et al. A tunable self-offloading module for plantar pressure regulation in diabetic patients. *Applied System Innovation*. 2024;7:9. doi: 10.3390/asi7010009.
  93. Matijevich E, Minty E, Bray E, Bachus C, Hajizadeh M, Liden B. A Multi-Faceted Digital Health Solution for Monitoring and Managing Diabetic Foot Ulcer Risk: A Case Series. *Sensors (Basel)*. 2024;24:2675.
  94. Krošelj M, Švegl L, Vidmar L, Dinevski D. Empowering diabetes patient with mobile health technologies. In: *Mobile Health Technologies - Theories and Applications*. InTechOpen. 2016.
  95. Huang J, Yeung AM, Armstrong DG, Battarbee AN, Cuadros J, Espinoza JC, et al. Artificial Intelligence for Predicting and Diagnosing Complications of Diabetes. *J Diabetes Sci Technol*. 2023;17:224-238.
  96. Burrell DN. Dynamic evaluation approaches to telehealth technologies and artificial intelligence (AI) telemedicine applications in healthcare and biotechnology organizations. *Merits*. 2023;3:700-721.
  97. Taha AR, Shehadeh M, Alshehhi A, Altamimi T, Housser E, Simsekler MCE, et al. The integration of mHealth technologies in telemedicine during the COVID-19 era: A cross-sectional study. *PLoS One*. 2022;17:e0264436.
  98. Channa A, Popescu N, Skibinska J, Burget R. The Rise of Wearable Devices during the COVID-19 Pandemic: A Systematic Review. *Sensors (Basel)*. 2021;21:5787.
  99. Williamson SM, Prybutok V. Balancing Privacy and Progress: A review of privacy challenges, systemic oversight, and patient perceptions in AI-driven healthcare. *Appl Sci*. 2024;14:675. doi: 10.3390/app14020675
  100. Canali S, Schiaffonati V, Aliverti A. Challenges and recommendations for wearable devices in digital health: Data quality, interoperability, health equity, fairness. *PLOS Digit Health*. 2022;1:e0000104.