

# Keeping your feet active

People with diabetes can develop problems with their feet. Getting daily physical activity and not smoking can help prevent foot damage by improving blood flow to the feet. This page shows some activities you can do to keep your feet healthy. Before doing these activities, warm up with 5 to 10 minutes of light activity, like walking.

## Golf ball roll

What you need: A golf ball and a chair

- Sit on the chair with both feet on the floor
- Roll a golf ball under the arch of your foot for 2 minutes
- Do the same with your other foot



## Towel stretch

What you need: A hand towel

- Sit on the floor with both legs in front of you
- Loop a towel around the ball of your foot and hold the ends of the towel in your hands
- Pull the towel toward you
- Hold for 30 seconds. Then relax for 30 seconds. Repeat 3 times
- Do 2 sets of 10 with each foot



## Calf raises

What you need: A chair for support

- Hold on to the back of the chair for balance
- Lift one foot off of the floor so that all your weight is placed on the other foot
- Raise the heel of your foot as far as you can. Repeat 10 times
- Do 2 sets of 10 with each foot

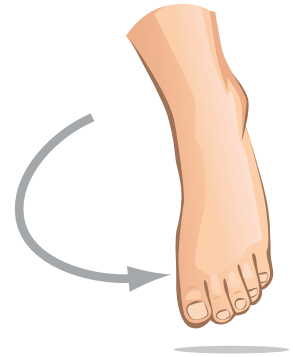


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## Ankle range of motion

What you need: A chair to sit on

- Sit down so that your feet do not touch the floor
- Point your toe. Use your foot to write each letter of the alphabet in the air
- Do 2 sets with each foot



## Marble pickup

What you need: 20 marbles, a bowl, and a chair

- Sit on the chair with your feet flat and place the 20 marbles on the floor in front of you
- Use your toes to pick up 1 marble at a time and place it into the bowl. Continue until you have picked up all the marbles
- Do the same with your other foot

## Towel curls

Equipment needed: A hand towel and a chair to sit on

- Sit with both feet on the floor and put the hand towel in front of you
- Grasp the center of the towel with your toes. Curl the towel toward you
- Repeat 5 times with each foot



**Talk with your doctor before beginning an exercise program.**

**For more information, visit [Cornerstones4Care.com](http://Cornerstones4Care.com)**

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**Cornerstones4Care®**  
Your diabetes, your way.

## Support and diabetes management tools built around you.

Enroll today to get **FREE**, personalized diabetes support with **Cornerstones4Care®**.



### Diabetes Health Coach

An online program that builds a customized action plan around your needs to help you learn healthy habits



### Meal Planning Tools

Create tasty, diabetes-friendly meals



### Interactive Trackers

Record A1C, weight, and blood sugar numbers

### Enrolling is easy. Just complete this form.

All fields with asterisks (\*) are **REQUIRED**.

\*  I have diabetes or  I care for someone who has diabetes

\* First name \_\_\_\_\_ \* Last name \_\_\_\_\_ MI \_\_\_\_\_

\* Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_

\* ZIP \_\_\_\_\_ \* Email \_\_\_\_\_

\* Birth date mm/dd/yyyy \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* What type of diabetes do you or the person you care for have? (Check one)

Type 2  Type 1  Don't know

\* What type of diabetes medicine has been prescribed? (Check all that apply)

Insulin  GLP-1 medicine  
 None  Other  
 Diabetes pills (also called oral antidiabetic drugs, or OADs)

\* If you checked "Insulin," "GLP-1 medicine," or "Other," please fill in the following for each:

Product 1: \_\_\_\_\_

How long has this product been taken?

Prescribed but not taken  7-12 months  
 0-3 months  1-3 years  
 4-6 months  3 or more years

Product 2: \_\_\_\_\_

How long has this product been taken?

Prescribed but not taken  7-12 months  
 0-3 months  1-3 years  
 4-6 months  3 or more years

### 3 easy ways to enroll:

1. Fax the completed form to 1-866-549-2016
2. Email the completed form to C4Csignup@hartehanks.com
3. Call 1-888-825-1518 and follow the voice prompts

### Review and complete below.

\* Phone number:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\* Cell phone number:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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By signing and dating below, I consent that the information I am providing may be used by Novo Nordisk, its affiliates or vendors to keep me informed about products, patient support services, special offers, or other opportunities that may be of interest to me via mail and email. Novo Nordisk may also combine the information I provide with information about me from third parties to better match these offers with my interests. These materials may contain information that market or advertise Novo Nordisk products, goods, or services.

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By providing my information to Novo Nordisk and signing and dating below, I certify I am at least eighteen (18) years of age and agree to the terms above.

\* Signature (required) \_\_\_\_\_

\* Date (required) \_\_\_\_\_  
mm/dd/yyyy

