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
- **How to do it:**
  - 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
- **How to do it:**
  - 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
- **How to do it:**
  - 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
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.
Support and diabetes management tools built around you.
Enroll today to get FREE, personalized diabetes support with Cornerstones4Care®.

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)
  q Type 2    q Type 1    q Don’t know
* What type of diabetes medicine has been prescribed? (Check all that apply)
  q Insulin    q GLP-1 medicine
  q None  q Other
  q 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?
  q Prescribed but not taken  __________
  q 0-3 months  __________
  q 4-6 months  __________

Product 2: ___________________________________________
  How long has this product been taken?
  q Prescribed but not taken  __________
  q 0-3 months  __________
  q 4-6 months  __________

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 checking this box, and signing and dating below, I authorize Novo Nordisk to use auto-dialers, prerecorded messages, and artificial voice messages to contact me. I understand that these calls and text messages may market or advertise Novo Nordisk products, goods, or services. I understand that I am not required to consent to being contacted by phone or text message as a condition of any purchase of goods or services.

I may opt out at any time by clicking the unsubscribe link within any email I receive, by calling 1.877.744.2579, or by sending a letter with my request to Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536.

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* Signature (required) ____________________________________________
* Date (required) __________________ mm/dd/yyyy

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