

DIABETIC FOOT EXAM

The following is an overview of the Comprehensive Foot Exam and Risk Assessment created by the American Diabetes Association. To fully assess all risk factors, a patient's history and a comprehensive foot exam must be completed as outlined below.

PAST HISTORY

PAST HISTORY	NEUROPATHIC SYMPTOMS	VASCULAR SYMPTOMS	OTHER DIABETES COMPLICATIONS
Ulceration Amputation Charcot joint Vascular surgery Angioplasty Cigarette smoking	POSITIVE (e.g., burning or shooting pain, electrical or sharp sensations, etc.) NEGATIVE (e.g., numbness, feet feel dead)	Claudication Rest pain Nonhealing ulcer	RENAL (dialysis, transplant) RETINAL (visual impairment)

INSPECTION

INSPECTION	NEUROLOGICAL ASSESSMENT	VASCULAR ASSESSMENT
DERMATOLOGIC <ul style="list-style-type: none"> • Skin status: color, thickness, dryness, cracking • Sweating • Infection: check between toes for fungal infection • Ulceration • Calluses/blistering: hemorrhage into callus? MUSCULOSKELETAL <ul style="list-style-type: none"> • Deformity, e.g., claw toes, prominent metatarsal heads, charcot joint (FIG. 1) • Muscle wasting (guttering between metatarsals) 	10-g monofilament + 1 of the following 4 (FIG. 2) <ul style="list-style-type: none"> • Vibration using 128-hz tuning fork • Pinprick sensation • Ankle reflexes • Vibration Perception Threshold (VPT) 	Foot pulses <ul style="list-style-type: none"> • Ankle Brachial Pressure Index (ABI), if indicated (FIG. 3)

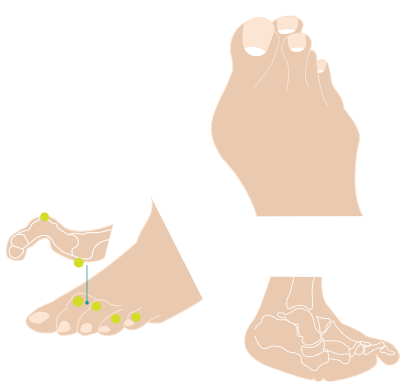


FIGURE 1

Boulton A J et al. Dia Care 2008;31:1679-1685

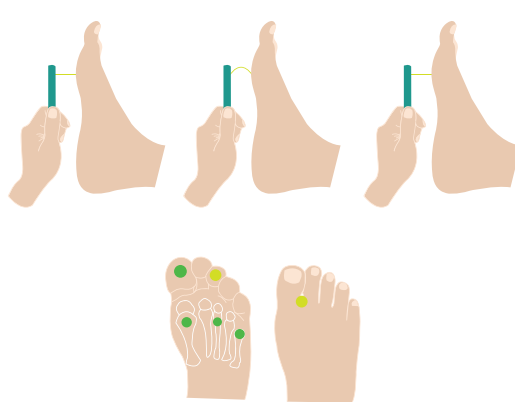


FIGURE 2

Boulton A J et al. Dia Care 2008;31:1679-1685

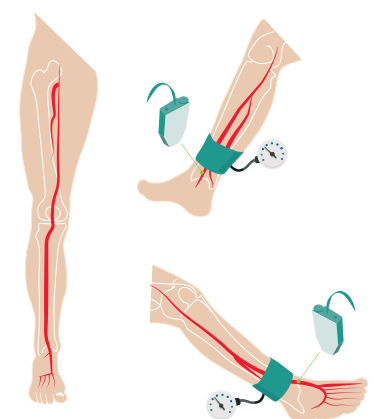


FIGURE 3

Boulton A J et al. Dia Care 2008;31:1679-1685

RISK ASSESSMENT

RISK CATEGORY	DEFINITION	TREATMENT RECOMMENDATIONS	SUGGESTED FOLLOW-UP
0	No Loss of Protective Sensation (LOPS), no Peripheral Arterial Disease (PAD), no deformity	<ul style="list-style-type: none"> • Patient education including advice on appropriate footwear. 	Annually (by generalist and/or specialist)
1	LOPS ± deformity	<ul style="list-style-type: none"> • Consider prescriptive or accommodative footwear. • Consider prophylactic surgery if deformity is not able to be safely accommodated in shoes. Continue patient education. 	Every 3–6 months (by generalist or specialist)
2	PAD ± LOPS	<ul style="list-style-type: none"> • Consider prescriptive or accommodative footwear. • Consider vascular consultation for combined follow-up. 	Every 2–3 months (by specialist)
3	History of ulcer or amputation	<ul style="list-style-type: none"> • Same as category 1. • Consider vascular consultation for combined follow-up if PAD is present. 	Every 1–2 months (by specialist)

If your patient is diagnosed with PAD (risk assessment category 2 or 3), their disease may progress to Critical Limb Ischemia (CLI) and they may become eligible for the MOBILE Study. Please see PADStudy.org for eligibility requirements and more information.



For more information on the Comprehensive Foot Exam and Risk Assessment, please see the ADA website: <http://care.diabetesjournals.org/content/31/8/1679.full>

Reference: Boulton A J et al. Comprehensive Foot Examination and Risk Assessment. Diabetes Care. 2008;31(8):1679-1685 doi: 10.2337/dc08-9021

For informational purposes only