

# Diabetes Foot Screen

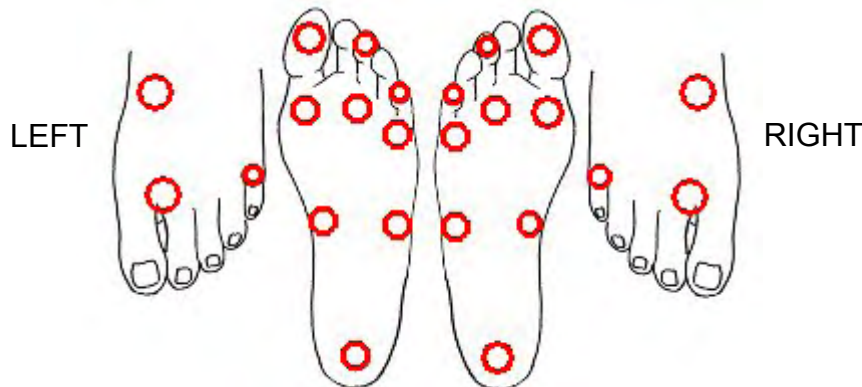
Name (Last, First, MI) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fill in the following blanks with a "Y" or "N" to indicate findings in the right or left foot.

	R	L
Is there a history of a foot ulcer?	_____	_____
Is there a foot ulcer now?	_____	_____
Is there a claw toe deformity?	_____	_____
Is there swelling or an abnormal foot shape?	_____	_____
Is there elevated skin temperature?	_____	_____
Is there limited ankle dorsiflexion	_____	_____
Are the toenails long, thick or ingrown?	_____	_____
Is there heavy callous build-up?	_____	_____
Is there foot or ankle muscle weakness?	_____	_____
Is there an absent pedal pulse?	_____	_____
Can the patient see the bottom of their feet?	_____	_____
Are the shoes appropriate in style and fit?	_____	_____

Note the level of sensation in the circles:

⊕ = Can feel the 5.07 filament      ⊖ = Can't feel the 5.07 filament



Skin Conditions on the Foot or Between the Toes:

Draw in: Callous , Pre-ulcer , Ulcer (note length and width in cm)  
 Label with: **R** - redness, **M** - maceration, **D** - dryness, **T** - Tinea

**RISK CATEGORY:**

- \_\_\_ 0 No loss of protective sensation.
- \_\_\_ 1 Loss of protective sensation
- \_\_\_ 2 Loss of protective sensation with either high pressure (callous/deformity), or poor circulation.
- \_\_\_ 3 History of plantar ulceration, neuropathic fracture (Charcot foot) or amputation.

Performed by \_\_\_\_\_

# Diabetes Foot Screen Instructions

## Section 1:

The twelve questions can be answered in the 'R' (*right foot*) or 'L' (*left foot*) blank with a 'Y' or 'N' to indicate a positive or negative finding. Fill in all blanks.

### **Question 1: Is there a history of foot ulcer?**

### **Question 2: Is there a foot ulcer now?**

The purpose of these questions is to determine if the patient currently has or has ever had an ulcer on the foot. History of a foot ulcer places the patient at an increased risk of developing another foot ulcer and increases the potential of future amputation. The patient with a past or present foot ulcer is considered permanently in Risk Category 3.

### **Question 3: Is there toe deformity?**

### **Question 4: Is there an abnormal shape of the foot?**

This is determined by inspecting the general shape of the patient's foot. Conditions to consider include: prominent bony areas, partial or complete amputations of the foot or toes, clawed toes, bunions, or "Charcot Foot".

A Charcot Foot is a neuropathic foot may present with swelling, increased temperature, and little or no pain. Advanced cases show progressive signs of deformity into what is referred to as a "rocker bottom" or "boat shaped" foot. A patient with a Charcot Foot is permanently in Risk Category 3.

### **Question 5: Are the toenails thick or ingrown?**

Identify Mycotic, significantly hypertrophic or ingrown nails.

### **Question 6: Is there callus buildup?**

Identify focal and/or heavy callous.

### **Question 7: Is there swelling?**

Swelling may stem from a variety of causes such as a Charcot fracture, infection, or "venous stasis".

### **Question 8: Is there elevated skin temperature?**

Elevated, localized skin temperature can indicate excessive mechanical stress, bone fracture, or an infection and requires further evaluation. Skin temperature can be measured by a commercially available thermometer or by touch. A temperature elevation of greater than 2 degrees centigrade on the thermometer or a noticeable difference by touch when compared with the contralateral foot is considered clinically significant.

### **Question 9: Is there muscle weakness?**

A manual muscle test of foot and great toe dorsi and plantar flexion.

**Question 10: Can the patient see the bottom of his/her feet?**

Obesity and/or lack of flexibility can prevent a patient from seeing his/her feet. Self-inspection and foot care is difficult with these limitations often requiring family or outside assistance.

**Question 11: Is the patient wearing improperly fitted shoes?**

An improperly fitted shoe may create foot pressures that lead to further complications. Patients with sensory loss often wear shoes that are too short and/or narrow resulting in ischemic ulcers on the medial or lateral metatarsal heads or the toes of a foot with claw toe deformity. Properly sized added depth shoes with soft custom molded insoles are usually indicated for patients with loss of sensation and deformity to prevent ulceration.

**Question 12: Does the patient use footwear appropriate for his/her category?**

See risk and management categories.

**Section 2:**

Examine the foot and record problems identified on the Foot Screen form. Draw calluses, pre-ulcerative lesions (*a closed lesion i.e. blister or hematoma*) or open ulcers as accurately as possible using the appropriate "pattern" to indicate what type of condition is present. Label areas that are red "R", warm "W" (*warmer than the other parts of the foot or the opposite foot*), dry "D" or macerated "M" (*friable, moist, soft tissue*) on the corresponding location of the foot drawing provided on the screen form.

A sensory exam using the 10 gram monofilament is performed at the indicated on the foot drawing. Responses are recorded in the appropriate circles. A positive response is recorded in the corresponding circle with a "+" if the patient is able to feel the filament and a negative response is recorded with a "-" if the patient cannot feel the filament.

**Section 3:**

The accurate placement of patients into their respective Risk Category is a key element in the Foot Screen. The higher the Risk Category, the higher the risk a patient has of recurrent foot ulceration, progressive deformity, and ultimately, amputation of the foot. All patients, regardless of category, should be re-screened annually and should be given basic patient education.

A detailed description of the Risk Category is available in the document "Risk and Management Categories for the Foot."

Comprehensive Diabetes Lower Extremity Amputation Prevention Program  
Risk and Management Categories for the Foot

Risk Category	Description
0	Diabetes, but no loss of protective sensation in feet
1	Diabetes, loss of protective sensation in feet
2	Diabetes, loss of protective sensation in feet with high pressure (callout/deformity), or poor circulation.
3	Diabetes, history of plantar ulceration or neuropathic fracture.
Note: “loss of protective sensation” is assessed using a 5.07 monofilament at 10 locations on each foot.	

Category	Management Category
0	Education emphasizing disease control, proper shoe fit/design Follow-up yearly for foot screen Follow as needed for skin/callus/nail care or orthoses
1	Education emphasizing disease control, proper shoe fit/design, daily self-inspection, skin/nail care, early reporting of foot injuries Proper fitting/design footwear with soft inserts/soles Routine follow-up 3 – 6 months for foot/shoe examination & nail care
2	Education emphasizing disease control, proper shoe fit/design, self-inspection, skin/nail/callus care, early reporting of foot injuries Depth-inlay footwear, molded/modified orthoses; modified shoes as needed Routine follow-up 1 – 3 months for foot/activity/footwear evaluation and callus/nail care
3	Education emphasizing disease control, proper fitting footwear, self-inspection, skin/nail/callus care and early reporting of foot injuries Depth-inlay footwear, molded/modified orthoses; modified/custom footwear, ankle-foot orthoses as needed Routine follow-up 1 – 12 week for foot/activity/footwear evaluation and callus/nail care

Diabetic Foot Clinic visit frequency may vary based on individual patient needs..