

# 3 Minute Diabetes Foot Exam

Every 20 seconds, someone loses a limb to diabetes. Most of these amputations are preventable if patients are diagnosed and get proper medical care sooner. This brief exam will help you quickly detect major risks and prompt you to refer patients to appropriate specialists.

## 1 Minute What to Ask

### Does the patient have a history of:

- Previous leg/foot ulcer or lower limb amputation/surgery?
- Prior angioplasty, stent, or leg bypass surgery?
- Foot wound?
- Smoking or nicotine use?
- Diabetes? (If yes, what are the patient's current control measures?)

### Does the patient have:

- Burning or tingling in legs or feet?
- Leg or foot pain with activity or at rest?
- Changes in skin colour, or skin lesions?
- Loss of lower extremity sensation?

### Has the patient established regular podiatric care?

## 2 Minutes What to Look For

### Dermatologic exam:

- Does the patient have discoloured, ingrown, or elongated nails?
- Are there signs of fungal infection?
- Does the patient have discoloured and/or hypertrophic skin lesions, calluses, or corns?
- Does the patient have open wounds or fissures?
- Does the patient have interdigital maceration?

### Neurologic exam:

- Is the patient responsive to light touch (protective sensation) on the feet?

### Musculoskeletal exam:

- Does the patient have full range of motion of the joints?
- Does the patient have obvious deformities? If so, for how long?
- Is the midfoot hot, red, or inflamed?

### Vascular exam:

- Is the hair growth on the foot dorsum or lower limb decreased?
- Are the dorsalis pedis AND posterior tibial pulses palpable?
- Is there a temperature difference between the calves and feet or between the left and right foot?

## 3 Minutes What to Teach

### Recommendations for daily foot care:

- Visually examine both feet, including the sole and between the toes. If the patient can't do this, have a family member do it.
- Keep feet dry by regularly changing shoes and socks: dry feet after baths or exercise
- Report any new lesions, discolourations, or swelling to a health care professional

### Education regarding shoes:

- Educate the patient on the risks of walking barefoot, even when indoors
- Recommend appropriate footwear, and advise against shoes that are too small, tight, or rub against a particular area of the foot
- Suggest yearly replacement of shoes - more frequently if they exhibit high wear

### Overall health risk management:

- Recommend smoking cessation (if applicable)
- Recommend appropriate glycemic control

## Time for a specialist? Mapping out a treatment and follow-up plan\*

PRIORITY	INDICATIONS	TIMELINE	FOLLOW-UP
<b>URGENT</b> (active pathology)	<ul style="list-style-type: none"> <li>• Open wound or ulcerative area, with or without signs of infection</li> <li>• New neuropathic pain or pain at rest</li> <li>• Signs of active Charcot deformity (red, hot, swollen midfoot or ankle)</li> <li>• Vascular compromise (sudden absence of DT/PT pulses or gangrene)</li> </ul>	Immediate referral / consult	As determined by specialist
<b>HIGH</b>	<ul style="list-style-type: none"> <li>• Presence of diabetes with a previous history of ulcer or lower extremity amputation</li> <li>• Chronic venous insufficiency (skin colour change, or temperature difference)</li> </ul>	Immediate or "next available" outpatient referral	Every 1 - 2 months
<b>MODERATE</b>	<ul style="list-style-type: none"> <li>• Peripheral artery disease +/- LOPS (loss of protective sensation)</li> <li>• DP/PT pulse diminished or absent</li> <li>• Presence of swelling or edema</li> </ul>	Referral within 1 - 3 weeks (if not already receiving regular care)	Every 2 - 3 months
<b>LOW</b>	<ul style="list-style-type: none"> <li>• LOPS +/- longstanding, nonchanging deformity</li> <li>• Patient requires prescriptive or accommodative footwear</li> </ul>	Referral within 1 month	Every 4 - 6 months
<b>VERY LOW</b>	<ul style="list-style-type: none"> <li>• No LOPS or peripheral artery disease</li> <li>• Patient seeks education regarding foot care, athletic training, appropriate footwear, preventing injury, etc.</li> </ul>	Referral within 1 - 3 months	Annually at minimum

\*All patients with diabetes should be seen at least once a year by a foot specialist

Adapted from article in The Journal of Family Practice <http://www.podiatrytoday.com/blogged/saving-two-feet-three-minutes>

The National Aboriginal Diabetes Association envisions diabetes-free healthy communities

www.nada.ca

# Diabetes Foot Examination

Patient's name (last, first, middle): \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

ID No: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Check (☑) the appropriate boxes below to indicate findings on the left or right foot:

	No findings	YES Left	YES Right
Is there a foot ulcer now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a history of foot ulcer(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an abnormal shape of the foot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there toe deformity? (bunions, hammertoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the toenails thick or ingrown? (fungal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a callus buildup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there swelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there elevated skin temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there muscle weakness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there lower extremity pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has there been a previous amputation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a blister or laceration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the patient see the bottom of his/her feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient use footwear appropriate for his/her category?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate the level of sensation in the circles on the foot diagram

"+" = Can feel the feet 10 gram nylon filament

"-" = Cannot feel the feet 10 gram nylon filament

Skin conditions on the foot and between the toes:

Draw a pattern where there is:



Callus



Pre-ulcer



Ulcer

Label skin conditions with

**R** - redness, **S** - swelling, **W** - warmth, **D** - dryness, and

**M** - maceration

Risk Category:

0 = No loss of protective sensation

1 = Loss of protective sensation with no weakness, deformity, callus, pre-ulcer or history of ulceration

2 = Loss of protective sensation with weakness, deformity, callus, or pre-ulcer but no history of ulceration

3 = History of plantar ulceration or neuropathic fracture

Refer to:

\_\_\_ Primary Care Provider

\_\_\_ Endocrinologist

\_\_\_ Certified Diabetes Educator

\_\_\_ Vascular surgeon

\_\_\_ Podiatrist

\_\_\_ Other \_\_\_\_\_

\_\_\_ Orthotist

Schedule follow-up visit: Date: \_\_\_\_\_

Signature: \_\_\_\_\_

