

DIABETIC FOOT EXAMINATION

NEVER ASSUME ALL IS WELL BECAUSE THE PATIENT THINKS IT IS

Footwear

Look at these while your patient is getting ready. Check the style and fit. If they are in hospital shoes, check insoles and shoes for replacement or repair. Take insoles out at each visit.

Ask the Patient:

- Have they any problems past or present?
- Any pain e.g. intermittent claudication?
- How good is their eyesight?
- How mobile and dextrous are they?
- Any past ulcers?

Inspect Feet

Check both visually and manually. Each foot can be a different risk category. Check backs of heels and in between toes. Check for anything abnormal – callus, deformity, ulcers, dry skin, oedema etc. You are also looking for signs of impaired claudication: cold feet, thick nails, hair loss, intermittent claudication and necrosis.

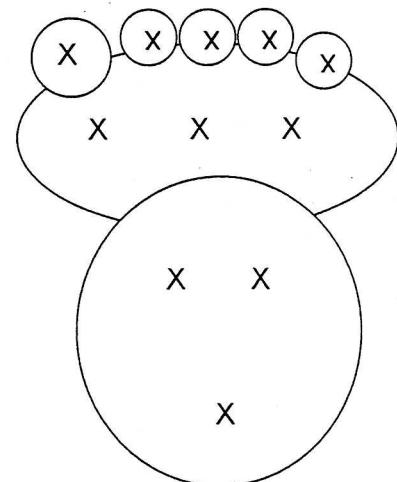
Test Circulatory Status

Check two pulses –

- Dorsalis pedis
- Posterior tibialis (around 15 seconds each). Test with your fingers, not Doppler, as this test is to find a normal pulse by palpation. By looking and palpating you can decide if the patient's circulation is compromised, and categorise as "I" for suspected impaired circulatory status.

Test for Neuropathy

- Use either a Neuropen or Bailey's 10 gm monofilament;
- Demonstrate on patient's forearm or face to ensure they know how it feels;
- Place the tip of the monofilament on the site to be tested;
- Apply pressure until it bows;
- Don't let it slip, slide across the skin or make repetitive contact with the same spot;
- Ask patient to close their eyes before you start and answer YES each time they feel it;
- Test all sites on the screening form



From above symptoms, inspection and examination, risk category can be determined.