

DIABETIC FOOT SCREEN*



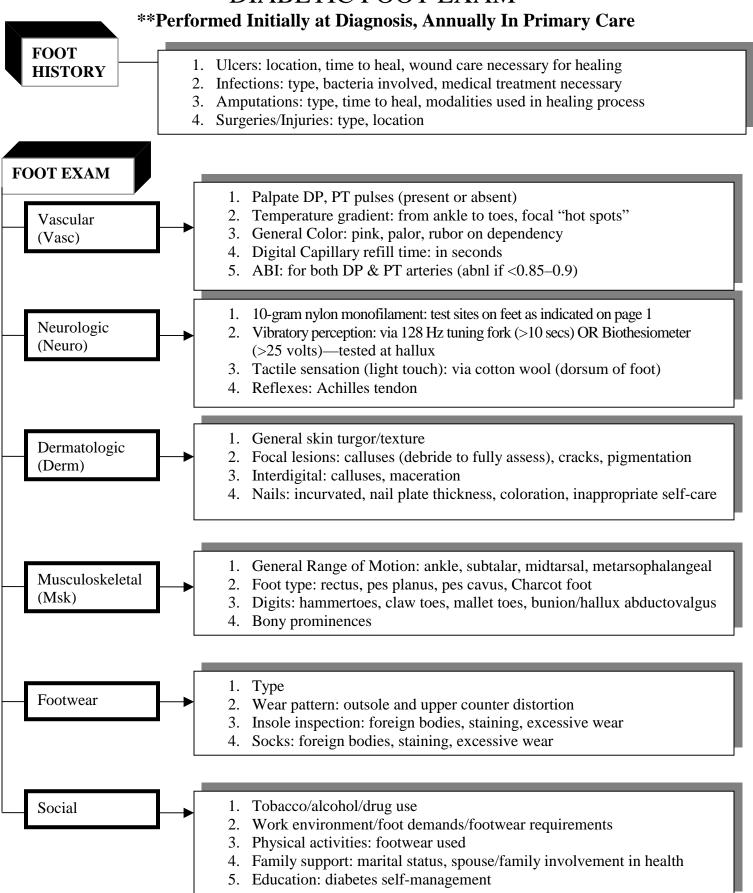
* performed every primary care visit (for complete foot exam details, see page 2)

	NO	YES	
Acute swelling and/or Acute deformity			Page 4-A
Skin breakdown (ulcer):			Page 4-C
Callus – with deeper color changes			Page 4-B
Digital Deformity or chronic midfoot/rearfoot prominence			Page 3-C
History of amputation and/or ulceration		\bigcirc	Page 3
Dystrophic Nails &/or Dry Skin			Page 3-D
Neuropathy : using 10-gram nylon monofilament performed yearly 4 out of 10 sites imperceptible = "yes"	t		Page 3-B
Assign Risk Category: No Present Risk. 0 No loss of protective sensation, no deformity. Impending Risk. 1 No loss of protective sensation. Deformity present. High Risk. 2 Loss of Protective sensation with or without weakness, deformity, callus, pre-ulcer or history of ulceration. Adapted from the National Foot Treatment Center LEAP Program			
Foot Pulses : Pal	pable NON	Npalpable	
Right: Dorsalis Pedis		<u> </u>	Ankle
Posterior Tibialis		\bigcirc	Brachial Index
Left: Dorsalis Pedis		\bigcirc	(ABI)— Page 3-A
Posterior Tibialis		\bigcirc —	

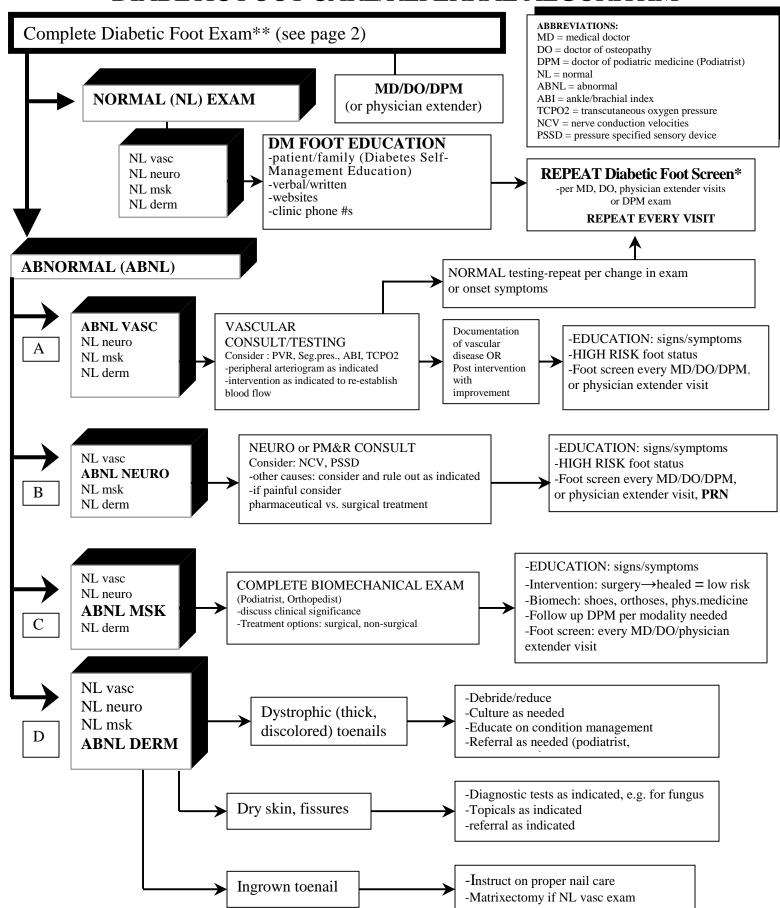
Resources & References:

- 1. International Consensus on the Diabetic Foot, 2003. International Working Group on the Diabetic Foot (consultative section of the International Diabetes Federation)
- 2. University of Texas Health Science Center-San Antonio Texas-Department of Orthopedics-Division of Podiatry
- 3. Scott & White Clinic / Texas A&M University System Health Science Center-Department of Surgery, Division of Podiatry
- 4. American Diabetes Association: Clinical Practice Recommendations. *Diabetes Care*. 2004; 27[S1]:63-64. **See web site** (http://www.texasdiabetescouncil.org) **for latest version and disclaimer.**

DIABETIC FOOT EXAM**



DIABETIC FOOT CARE/REFERRAL ALGORITHM



Page 3

