



Foot Care Evaluations and Interventions [audio transcript]

To summarize our evaluations and interventions, start by removing the shoes at each visit and inspect the foot for acute deformities, realizing that up to one in five patients will have a problem. If there is no problem and no ulcer noted, perform your annual diabetic foot exam testing with the monofilament, inspecting for deformity and assessing circulation. Ask the patient if they have a history of ulceration or amputation. If they have none of these they are at low risk and the focus should be on self management education (to keep them at low risk) including blood glucose control, blood pressure control, and smoking cessation if they smoke. Follow-up should be annually.

If they have an abnormal exam, they are at high risk and the emphasis should be on self-management education, protective footwear, podiatry care, plus all the measures we did for low-risk patients. Follow-up should be every two to three months.

If on the initial exam an ulcer is detected, then assess the ulcer to determine if it is complicated or uncomplicated ulcer. An 'uncomplicated ulcer' is less than two centimeters, has no evidence of systemic infection, is superficial and does not involve deep-space structures. There is normal circulation. For these patients, outpatient management is appropriate with weekly debridements, daily dressing changes, non-weight bearing, and antibiotics if there is limited infection and redirected by culture, with weekly follow-up until the wound is healed. If the wound is not healing, then they would fall into a complicated ulcer and the management has been described previously.