

# DIABETES FOOT EXAMINATION

## Assessment and Management

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## Resources and Education

### Identify and Assess for Foot Complications

**Inquire about risk factors such as:**  
Previous ulcer, amputation, surgery, foot wound, peripheral arterial disease (PAD), tobacco use, alcohol abuse, visual impairment, dialysis

**Assess symptoms such as:**  
Foot pain, burning, numbness, tingling, abnormal sensations, swelling, leg pain with rest or exercise

### Perform Complete Foot Examination

**Inspect**  
**Skin integrity**  
• Ulcers, cracks, fissures, calluses, corns, dry skin, rash  
**Nail condition**  
• Thickened, long, ingrown, fungal infection

**Evaluate**  
**Structural abnormality**  
• Bunion, hammer toe, claw toe, flat feet, Charcot

### Assess vascular integrity

- **Pulses:** dorsalis pedis (DP), posterior tibial (PT)
- **Physical findings:** skin color and temperature, capillary refill, hair growth, edema

### Perform neurosensory exam

- Monofilament 10g (5.07) test (at minimum, on areas shown in red) and at least one other following tests:
- Temperature perception
  - Pinprick sensation
  - Vibration test using a 128 Hz tuning fork
  - Ankle reflex



### Management Plan

**Does the patient have an ulcer and/or any of the following risk factors for ulcer and amputation?**

- Absent monofilament sensation: loss of protective sensation (LOPS)
- Absent DP or PT pulses: PAD
- Structural abnormality: deformities, arch problems, bone spurs
- Current cigarette smoking, alcohol abuse, history of prior amputation, ulcer

**Yes**

**Ulcer**  
• Assess size and depth, presence of infection, adequacy of circulation  
• Obtain consultation for management plan and initiate wound care  
• Provide appropriate referral or consider hospitalization

**Yes**

**Risk Factors / No Ulcer**  
• Refer to Podiatry or Foot Care Clinic for the next available appointment  
• Consider additional referrals to vascular surgeon, diabetes team  
• Inspect feet at every primary care provider visit

**No**

**No Risk Factors / No Ulcer**  
• Refer to Podiatry or Foot Care Clinic within one month, if available  
• Address preventive or protective footwear needs  
• Inspect feet at primary care provider visit

### General Clinical Foot Care Recommendations

- Assess the need for protective footwear (off loading if appropriate).
- Optimize blood pressure and blood sugar control (A1C <8%).
- Provide foot care (i.e. trim nails and calluses).
- Treat symptoms of neuropathy.
- Address vascular insufficiency and edema.

### Self-Care Advice for All Patients

- Check your feet daily or have a family member/caregiver help you.
- Get help early if a foot problem is identified.
- Protect feet from hot and cold.
- Don't soak feet, dry thoroughly after bathing.
- Wear shoes indoors and outdoors.
- Learn about proper shoe selection, fit, care, and maintenance. See "Keeping Your Feet Healthy" educational resource material.
- Work to keep your blood sugar in target range.
- Quit using commercial tobacco or never start.

### Educational Resources

#### Diabetes Education Lesson Plan: Foot Care

[https://www.ihs.gov/sites/diabetes/themes/responsive2017/display\\_objects/documents/resources/delp/DELP\\_KeepingFeetHealthy508c.pdf](https://www.ihs.gov/sites/diabetes/themes/responsive2017/display_objects/documents/resources/delp/DELP_KeepingFeetHealthy508c.pdf)

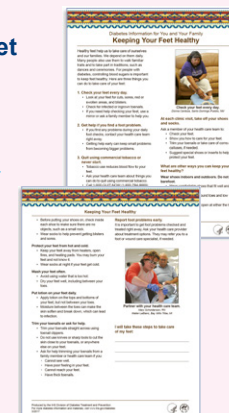
#### Complete Diabetic Foot Exam

<https://youtu.be/mSnIXGYhKml>



#### Keeping Your Feet Healthy

<https://www.ihs.gov/diabetes/education-materials-and-resources/diabetes-topics/keeping-your-feet-healthy/>



**References:** Boulton, AJM, Armstrong DG, Kirsner RS, et al. Diagnosis and Management of Diabetic Foot Complications. Arlington, VA, American Diabetes Association, 2018.

