



# Regular foot examination reduces amputations among people with diabetes



A 3 minute examination meets the screening needs of diabetic patients. The exam described below is a time-sensitive tool that can be used by a variety of clinical professionals to meet the screening needs of diabetic patients.

🕒 0:00 - 1:00 min.	🕒 1:01 - 2:00 min	🕒 2:01 - 3:00 min
<div data-bbox="180 463 448 612" data-label="Section-Header"> <h2>ASK</h2> </div> <p><b>DOES THE PATIENT HAVE A HISTORY OF:</b></p> <ul style="list-style-type: none"> <li>• Previous leg/foot ulcer or lower limb amputation/surgery?</li> <li>• Prior angioplasty, stent, or leg bypass surgery?</li> <li>• Foot wound requiring more than 3 weeks to heal?</li> <li>• Smoking or nicotine use?</li> <li>• Diabetes? (If yes, what are the patient’s current control measures?)</li> </ul> <p><b>DOES THE PATIENT HAVE:</b></p> <ul style="list-style-type: none"> <li>• Burning or tingling in legs or feet?</li> <li>• Leg or foot pain with activity or at rest?</li> <li>• Changes in skin color, or skin lesions?</li> <li>• Loss of lower extremity sensation?</li> </ul> <p><b>HAS THE PATIENT ESTABLISHED REGULAR PODIATRIC CARE?</b></p>	<div data-bbox="630 463 911 612" data-label="Section-Header"> <h2>LOOK</h2> </div> <p><b>DERMATOLOGIC EXAM:</b></p> <ul style="list-style-type: none"> <li>• Signs of fungal infection?</li> <li>• Discolored and/or hypertrophic skin lesions, calluses, or corns?</li> <li>• Open wounds or fissures?</li> <li>• Interdigital maceration?</li> </ul> <p><b>NEUROLOGIC EXAM:</b></p> <ul style="list-style-type: none"> <li>• Is the patient responsive to the Ipswich Touch Test?</li> </ul> <p><b>MUSCULOSKELETAL EXAM:</b></p> <ul style="list-style-type: none"> <li>• Full range of motion of the joints?</li> <li>• Obvious deformities? If yes, for how long?</li> <li>• Is the midfoot hot, red, or inflamed?</li> </ul> <p><b>VASCULAR EXAM:</b></p> <ul style="list-style-type: none"> <li>• Is the hair growth on the foot dorsum or lower limb decreased?</li> <li>• Are the dorsalis pedis and posterior tibial pulses palpable?</li> <li>• Is there a temperature difference?</li> </ul>	<div data-bbox="1154 463 1377 612" data-label="Section-Header"> <h2>Teach</h2> </div> <p><b>RECOMMENDATIONS FOR DAILY FOOT CARE:</b></p> <ul style="list-style-type: none"> <li>• Visually examine both feet, including soles and between toes. If the patient can't do this, have a family member do it.</li> <li>• Keep feet dry by regularly changing shoes and socks; dry feet after baths or exercise.</li> <li>• Report any new lesions, discolorations, or swelling to a health care professional.</li> </ul> <p><b>EDUCATION REGARDING SHOES:</b></p> <ul style="list-style-type: none"> <li>• The risks of walking barefoot, even indoors.</li> <li>• Avoiding shoes that are too small, tight or rub.</li> <li>• Replacing shoes regularly, at least once a year.</li> </ul> <p><b>OVERALL HEALTH RISK MANAGEMENT:</b></p> <ul style="list-style-type: none"> <li>• Recommend smoking cessation (if applicable).</li> <li>• Recommend appropriate glycemic control.</li> </ul>

Modified from: Miller, J. D., Carter, E., Shih, J., Giovinco, N. A., Boulton, A., Mills, J. L., & Armstrong, D. G. (2014). How to do a 3-minute diabetic foot exam. *The Journal of Family Practice, 63(11), 646-656.*

## ✔ Follow up: Create a treatment plan

REFER TO SPECIALIST IMMEDIATELY FOR	REFER TO SPECIALIST TIMELY FOR
<ul style="list-style-type: none"> <li>• Open wound or ulcerative area</li> <li>• New neuropathic pain</li> <li>• Signs of active Charcot deformity</li> <li>• Vascular compromise</li> <li>• Chronic venous insufficiency</li> </ul>	<ul style="list-style-type: none"> <li>• Peripheral artery disease</li> <li>• Presence of swelling or edema</li> <li>• Loss of protective sensation (LOPS)</li> <li>• Chronic venous insufficiency</li> </ul>