3 Minute Diabetic Foot Exam

Every 20 seconds, someone loses a limb to diabetes. Most of these amputations are preventable if patients are diagnosed and get proper medical care sooner.

This brief exam will help you to quickly detect major risks and prompt you to refer patients to appropriate specialists.

1 WHAT TO ASK

DOES THE PATIENT HAVE A HISTORY OF:

- Previous leg/foot ulcer or lower limb amputation/surgery? ☐
- Prior angioplasty, stent or leg bypass surgery? ☐
- Foot wound? ☐
- Smoking or nicotine use? ☐
- Diabetes? ☐
  (If yes, what are the patient's current control measures?)

DOES THE PATIENT HAVE:

- Burning or tingling in legs or feet? ☐
- Leg or foot pain with activity or at rest? ☐
- Changes in skin colour or skin lesions? ☐
- Loss of lower extremity sensation? ☐

Has the patient established regular podiatric care?

2 WHAT TO LOOK FOR

DERMATOLOGIC:

- Does the patient have discoloured, ingrown or elongated nails? ☐
- Are there signs of fungal infection? ☐
- Does the patient have discoloured and/or hypertrophic lesions, callouses or corns? ☐
- Does the patient have open wounds or fissures? ☐
- Does the patient have interdigital maceration? ☐

NEUROLOGIC:

- Is the patient responsive to light touch (protective sensation) on the feet? ☐

MUSCULOSKELETAL:

- Does the patient have full range of motion of the joints? ☐
- Does the patient have obvious deformities? If so, for how long? ☐
- Is the is midfoot hot, red or inflamed? ☐

VASCULAR:

- Is the hair growth on the foot dorsum or lower limb decreased? ☐
- Are the dorsalis pedis and posterior tibial pulses palpable? ☐
- Is there a temperature difference between the calves and feet or between the left and right foot? ☐

3 WHAT TO TEACH

RECOMMENDATIONS FOR DAILY FOOT CARE:

- Visually examine both feet: including the sole and between the toes. If the patient can't do this, have a family member do it.
- Keep feet dry: by regularly changing shoes and socks; dry feet after baths or exercise.
- Report: any new lesions, discolourations or swelling to a health care professional.

EDUCATION REGARDING SHOES:

- Educate the patient on the risks of walking barefoot, even when indoors.
- Recommend appropriate footwear and advise against shoes that are too small, too tight or rub against a particular area of the foot.
- Suggest yearly replacement of shoes - more frequently if they exhibit high wear.

OVERALL HEALTH RISK MANAGEMENT:

- Recommend smoking cessation (if applicable).
- Recommend appropriate glycaemic control.

PRIORITY	INDICATIONS	TIMELINE	SUGGESTED FOLLOW-UP
Urgent (active pathology)	• Open wound or ulcerative are with or without signs of infection. • New neuropathic pain or pain at rest. • Signs of active charcot deformity (red, hot, swollen mid foot or ankle). • Vascular compromise (sudden absence of DT/PT pulses or gangrene).	Immediate referral/consult.	As determined by specialist.
High	• Presence of diabetes with a previous history of ulcer or lower extremity amputation. • Chronic venous insufficiency (skin colour change or temperature difference).	Immediate or "next available" outpatient referral.	Every 1-2 months.
Moderate	• Peripheral artery disease +/- LOPS. • DP/PT pulse diminished or absent. • Presence of swelling or oedema.	Referral within 1-3 weeks (if not already receiving regular care).	Every 2-3 months.
Low	• LOPS +/- long-standing, non-changing deformity. • Patient requires prescriptive or accommodative footwear.	Referral within 1 month.	Every 4-6 months.
Very Low	• No LOPS or peripheral artery disease. • Patient seeks education regarding foot care, athletic training, appropriate footwear, preventing injury, etc.	Referral within 1 -3 months.	Annually at minimum.

* All patients with diabetes should be seen at least once a year by a foot specialist.

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