

Foot Exam Instructions

Visual Foot Inspection

Objectives

- Quickly identify an obvious foot problem.
- Document foot inspection findings.
- Determine the need for a comprehensive foot exam.
- Schedule follow-up care and referrals.

Instructions

A physician, nurse, or other trained staff may complete this inspection.

1. Inspect the foot between the toes and from toe to heel. Examine the skin for injury, calluses, blisters, fissure, ulcers, or any unusual condition.
2. Look for thin, fragile, shiny, and hairless skin—all signs of decreased vascular supply.
3. Feel the feet for excessive warmth and dryness.
4. Remove any nail polish. Inspect nails for thickening, ingrown corners, length, and fungal infection.
5. Inspect socks or hose for blood or other discharge.
6. Examine footwear for torn linings, foreign objects, breathable materials, abnormal wear patterns, and proper fit.
7. If any new foot abnormality is found, the patient should be scheduled immediately for a comprehensive foot examination.
8. Document findings in the medical record.

Frequency of Inspection

Current clinical recommendations¹ call for visual inspection of the feet:

- At every visit for people who have neuropathy.
- At least twice a year for people with one or more high risk* foot conditions to screen for the development of additional risk factors.
- At least annually, or more often if warranted, for low risk feet.*

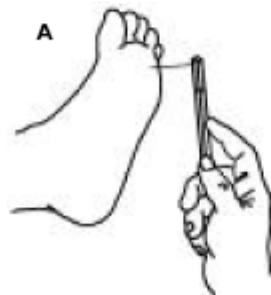
In populations where the prevalence and incidence of diabetes foot problems are high, providers may determine that inspection of the feet at every visit — for both low and high risk patients — is warranted. To facilitate foot inspection and examination, consider adopting a policy such as **“For all patients with diabetes, remove shoes and socks in preparation for examination.”**

¹ American Diabetes Association: Clinical Practice Recommendations 2000. Diabetes Care 2000;23(Suppl.1): S55-56.

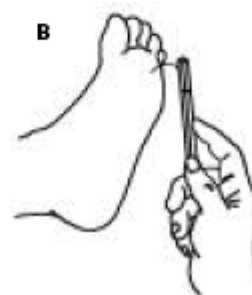
Sensory Exam

The sensory testing device supplied in this kit is a 5.07 (10-gram) Semmes-Weinstein nylon monofilament mounted on a holder that has been standardized to deliver a 10-gram force when properly applied. Research has shown that a person who can feel the 10-gram filament in the selected sites is at reduced risk for developing ulcers. Because sensory deficits appear first in the most distal portions of the foot and progress proximally in a "stocking" distribution, the toes are the first areas to lose protective sensation.

- The sensory exam should be done in a quiet and relaxed setting. The patient must not watch while the examiner applies the filament.
- Test the monofilament on the patient's hand so he/she knows what to anticipate.
- The five sites to be tested are indicated on the examination form.
- Apply the monofilament perpendicular to the skin's surface (see diagram A below).
- Apply sufficient force to cause the filament to bend or buckle, using a smooth, not a jabbing motion (see diagram B below).
- The total duration of the approach, skin contact, and departure of the filament at each site should be approximately 1 to 2 seconds.
- Apply the filament along the perimeter and NOT ON an ulcer site, callus, scar or necrotic tissue. Do not allow the filament to slide across the skin or make repetitive contact at the test site.
- Press the filament to the skin such that it buckles at one of two times as you say "time one" or "time two." Have patients identify at which time they were touched. Randomize the sequence of applying the filament throughout the examination.
- To order additional disposable or reusable monofilaments, see the Resource List on page 35.



A
Apply the monofilament perpendicular to the skin's surface.



B
Apply sufficient force to cause the filament to bend or buckle.