



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="180 459 448 612" data-label="Section-Header"> <h2>ASK</h2> </div> <p>DOES THE PATIENT HAVE A HISTORY OF:</p> <ul style="list-style-type: none"> • Previous leg/foot ulcer or lower limb amputation/surgery? • Prior angioplasty, stent, or leg bypass surgery? • Foot wound requiring more than 3 weeks to heal? • Smoking or nicotine use? • Diabetes? (If yes, what are the patient’s current control measures?) <p>DOES THE PATIENT HAVE:</p> <ul style="list-style-type: none"> • Burning or tingling in legs or feet? • Leg or foot pain with activity or at rest? • Changes in skin color, or skin lesions? • Loss of lower extremity sensation? <p>HAS THE PATIENT ESTABLISHED REGULAR PODIATRIC CARE?</p>	<div data-bbox="630 459 911 587" data-label="Section-Header"> <h2>LOOK</h2> </div> <p>DERMATOLOGIC EXAM:</p> <ul style="list-style-type: none"> • Signs of fungal infection? • Discolored and/or hypertrophic skin lesions, calluses, or corns? • Open wounds or fissures? • Interdigital maceration? <p>NEUROLOGIC EXAM:</p> <ul style="list-style-type: none"> • Is the patient responsive to the Ipswich Touch Test? <p>MUSCULOSKELETAL EXAM:</p> <ul style="list-style-type: none"> • Full range of motion of the joints? • Obvious deformities? If yes, for how long? • Is the midfoot hot, red, or inflamed? <p>VASCULAR EXAM:</p> <ul style="list-style-type: none"> • 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? 	<div data-bbox="1154 459 1382 602" data-label="Section-Header"> <h2>Teach</h2> </div> <p>RECOMMENDATIONS FOR DAILY FOOT CARE:</p> <ul style="list-style-type: none"> • Visually examine both feet, including soles and between 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, discolorations, or swelling to a health care professional. <p>EDUCATION REGARDING SHOES:</p> <ul style="list-style-type: none"> • The risks of walking barefoot, even indoors. • Avoiding shoes that are too small, tight or rub. • Replacing shoes regularly, at least once a year. <p>OVERALL HEALTH RISK MANAGEMENT:</p> <ul style="list-style-type: none"> • Recommend smoking cessation (if applicable). • Recommend appropriate glycemic control.

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