

Foot Ulcer Risk Examination

Perform clinical assessment to assess patient history, sensation, vascular compromise, presence of deformity, skin integrity, foot care practices and footwear integrity. Perform assessment bilaterally and independently rank each foot's risk of developing a foot ulcer. Each item is worth one point.

Skin Sensation *Ask patient to close his/her eyes. Alternate between administering light touch or blunt pressure to the beginning below the knee down to the foot.*

Right Left

Ability to feel and discriminate between light touch, pressure, and pain on the dorsum and plantar surface of the foot.

Impaired detection and/or discrimination between light touch, pressure, and pain on the dorsum and plantar aspect of the foot.

Unable to detect light, touch pressure, or pain sensation.

Skin Integrity *Visually assess for any skin abnormalities present. Assessment should begin below the knee to the toes.*

Right Left

No obvious skin abnormalities

Presence of dry, cracked, flaky skin; swelling below the calf and of the foot, toenail abnormality, discolored skin, and/or callous

Presence of a blood stained callous

History of foot ulcer *Visually assess the foot for presence of a developing or current foot ulcer.*

Right Left

No previous ulcer

The patient has a current foot ulcer or a history of foot ulcers.

Vascular Assessment *Palpate for pedal pulses and determine presence.*

Right Left

Both dorsalis pedis and posterior tibialis pulses can be detected.

No pulses can be detected in the foot.

No pulses can be detected in the foot AND impaired/absent sensation.

Mobility *While safely seated, instruct patient to look at and reach the plantar surface of his/her feet.*

Right Left

Patients demonstrates the ability to see and reach foot independently.

Patient is **unable** to see or reach foot independently.

Footwear *Assess the patient's footwear for wear and tear, fitting, and protective properties*

Right Left

Footwear **without** excessive wear and tear, or proper size, and serves as an appropriate protective boundary (closed toe, closed heel).

Footwear **with** excessive wear and tear, improper size, or does not provide adequate protection.

Patient Survey

Yes No

Does the patient have a history of a previous amputation?

Does the patient have a current diagnosis of peripheral vascular disease?

Does the patient currently have a poor/low vision?

Right Total Score: _____ Left Total Score: _____

Low Risk: A score less than or equal to 6.

Moderate Risk: A score greater than or equal to 7

High Risk: A score greater than or equal to 7 AND have marked the following: absent sensation AND absent pulses, current or previous ulcer, previous amputation, the presence of a callous AND absent sensation, the presence of a callous AND absent pulses, or a blood stained callous.

Adopted from:

Leese G. et al. Stratification of foot ulcer risk in patients with diabetes: a population-based study. *Int J Clin Pract.* May 2006;60(5):541-545.

McCall J. A Guide to Diabetic Foot Screening: How to Carry out Foot Screening Risk Stratification. NHS Scotland. <http://www.sdsp.org.uk/FootScreening/FootScreening.htm> Last updated April 7, 2006. Accessed February 28, 2012.

Baker N, Murali-Krishnan S, Rayman G. A user's guide to foot screening. Part 1: Peripheral neuropathy. *The Diabetic Foot.* 2005;8(1):28-37.

Baker N, Murali-Krishnan S, Fowler D. A user's guide to foot screening. Part 2: Peripheral arterial disease. *The Diabetic Foot.* 2005;8(2):58-70.

Boyko E et al. A prospective study of risk factors for diabetic foot ulcers: the Seattle diabetic foot study. *Diabetes Care.* 1999;22:1036-1042.