3-Minute Diabetic Foot Exam

Every 1.2 seconds, someone develops a diabetic foot ulcer. Every 20 seconds, someone with an ulcer undergoes amputation. 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.

Minute 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
- Changes in skin color, or skin lesions?
- Loss of lower extremity sensation?

Has the patient established regular podiatric care?

Minute 2: What to Look For

Dermatologic exam:

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

Neurologic Exam:

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

Musculoskeletal Exam:

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

Vascular Exam:

- 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?

Minute 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, discolorations, 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, 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 glycemic control.

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Time for a specialist? Map out a treatment and follow-up plan.*

Priority	Indications	Timeline	Suggested follow-up
URGENT (active pathology)	Open wound or ulcerative area, with or without signs of infection New neuropathic pain or pain at rest Signs of active Charcot deformity (red, hot, swollen midfoot or ankle) Vascular compromise (sudden absence of DT/PT pulses or gangrene)	Immediate referral/consult	As determined by specialist
HIGH (ADA risk category 3)	Presence of diabetes with a previous history of ulcer or lower extremity amputation Chronic venous insufficiency (skin color change, or temperature difference)	Immediate or "next available" outpatient referral	Every 1-2 months
MODERATE (ADA risk category 2)	Peripheral artery disease +/- LOPS DP/PT pulse diminished or absent Presence of swelling or edema	Referral within 1-3 weeks (if not already receiving regular care)	Every 2-3 months
LOW (ADA risk category 1)	LOPS +/- longstanding, nonchanging deformity. Patient requires prescriptive or accommodative footwear.	Referral within 1 month	Every 4-6 months
VERY LOW (ADA risk category 0)	No LOPS or peripheral artery disease. Patient seeks education regarding foot care, atgletic training, appropriate footwear, preventing injury, etc.	Referral within 1-3 months	Annually at minimum

***All patients with diabetes should see a foot specialist at least once a year.**

Terms
ADA = American Diabetes Association
DP = dorsalis pedis
LOPS = loss of protective sensation
PT = posterior tibial

This material is adapted from an article in The Journal of Family Practice, http://bit.ly/JFPFootExam.

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