Screening for the high risk diabetic foot: A 60-Second Tool (2012) © Sibbald

Name: _____

ID#: _____ Phone #:_____ Facility:_____

DOB (dd/mm/yy):_____/_____/_____

Gender: M □ F □ Years with diabetes:_____

Ethnicity: Black □ Asian □ Caucasian □ Mixed □ Other □

Date of Exam (dd/mm/yy): _____/_____/_____

CHECK BOTH FEET
(Circle correct response)

"YES" on either foot = HIGH RISK

		LEFT		**RIGHT**	
HISTORY	**1**. Previous ulcer	NO	YES	NO	YES
	2. Previous amputation	NO	YES	NO	YES
PHYSICAL EXAM	**3.** Deformity	NO	YES	NO	YES
	4. Absent pedal pulses (Dorsalis Pedis and/ or Posterior Tibial)	NO	YES	NO	YES
FOOT LESIONS *Remember to check 4th and 5th web spaces/nails for fungal infection and check for inappropriate footwear.*	**5**. Active ulcer	NO	YES	NO	YES
	6. Ingrown toenail	NO	YES	NO	YES
	7. Calluses (thick plantar skin)	NO	YES	NO	YES
	8. Blisters	NO	YES	NO	YES
	9. Fissure (linear crack)	NO	YES	NO	YES
NEUROPATHY *MORE THAN 4/10 SITES LACKING FEELING =* ***"YES"***	**10.** Monofilament exam **(record negative reaction):** **a)** Right_____/10 negatives (≥ 4 negatives = Yes) **b)** Left_____/10 negatives (≥ 4 negatives = Yes)	NO	YES	NO	YES
		Total # of YES:_____		**Total # of YES: ____**	

PLAN

a) POSITIVE SCREEN- Results when there are one or more "Yes" responses. **Refer to a foot specialist or team for prevention, treatment and follow up.** (Bony deformity, current ulcer, absent pulse are most urgent)**.** These individuals are at increased risk of a foot ulcer and/or infection. Patients should be educated on what changes to observe and report, while waiting for the specialist appointment.

Referral to: _____ Appointment time:_____

b) NEGATIVE SCREEN- Results when there are all "No" responses. **No referral required.**
Educate patient to report any new changes to their healthcare provider and re-examine in 1 year.

One Year Date for Re-Examination (dd/mm/yy):_____/_____/_____

Completed By: _____ Date: _____

Additional Note:
See reverse side for recommendations from the *International Diabetes Federation, & International Working Group on the Diabetic Foot.*

Local referral patterns may vary depending on expertise and available resources.

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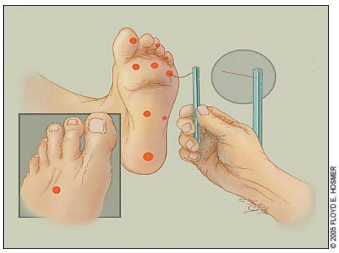
General Instructions:
This diabetic foot screening tool is designed to identify individuals with high-risk diabetic feet. This screening tool is a simplified 60-second assessment for each foot to be implemented by any healthcare provider. Preparation involves having a 5.07g monofilament available and asking patient to remove their shoes and socks.

Normal screening findings are indicated as "No" (not requiring referral) and abnormal screening findings are indicated as "Yes" (requiring referral). Generation of a list of local reputable foot specialists and/or teams for referring is recommended.

Screening involves:

- Inform patient about the simplified 60-second screening and explain the reason for the examination.
- Fill in patient's demographic data in top left section of screening tool.
- Assess both feet. Circle either a "Yes" or "No" response for questions 1-10.
- **Any "Yes" response requires follow up or a referral to a foot specialist and/or team.**

Question	"Yes" Response
1	**"Yes", if previous ulcer from history is observed:** Ask the patient and assess both lower legs and feet for the presence of a healed ulcer as evidenced by scar tissue.
2	**"Yes", if previous amputation** of digit(s), foot or limb is observed.
3	**"Yes", if deformity** and/or abnormality in shape or structure of either foot is observed (bony prominences/ hammer toes).
4	**"Yes", if absent pedal pulses** (palpate Dorsalis Pedis and if absent check Posterior Tibial). A yes answer requires absence of both pulses.
5	**"Yes", if active ulcer(s) present:** Openings in the skin with a dermal or deeper base.
6	"**Yes", if ingrown toenail present**. Inspect distal corners for embedded nail and/or thickened nail fold skin.
7	**"Yes", if callus present (thick plantar skin):** Assess and inspect for presence of thick areas of keratin on the bottom or sides of feet and toes.
8	**"Yes", if blister(s) present:** Observe for fluid (serum, blood or pus) under intact skin surface.
9	**"Yes", if fissure (linear crack).** Observe for a linear break with dermal base or deeper base.
10	**"Yes", if Monofilament Exam identified 4 or more negative reactions (lack of feeling)**: Follow the monofilament exam instructions below. Each foot is examined separately.



Steps for Monofilament Test for Neuropathy:

- Show and touch monofilament to patient's arm or upper leg.
- Ask the patient to close their eyes and say yes when they feel the monofilament.
- Touch monofilament until filament bends in a letter "c" shape, assessing all 10 areas on diagram (Do not test over calluses, scars or ulcers)

- Lack of feeling (4 or more out of 10) - indicates a negative reaction = Neuropathy = "YES" on screening tool

Foot Risk Classification and Follow-up Guide

Assessment Findings ↓	RISK	Follow Up (mths)	Prof. Nail Care	Orthopaedic Shoes	Orthotics + Diabetic Socks	Activity
No Neuropathy	0	12	-	Well fitting	Well fitting shoes	As able
Neuropathy	1	6	+/-	Professional fit	Custom full contact	As able, monitor, guided by foot exam
Deformity	2a	3-4	+/-	+/- custom fit	Custom full contact	Avoid excessive walking, √ non-impact exercises
Peripheral Vascular Disease	2b	3-4	+	Professional fit	Soft full contact	Dependent on ischemic pain, √ non-impact exercises, or as recommended by vascular team consult
Ulcer Hx or Active ulcer	3a	1-2	+	Professional fit	Custom fitted	Activity dependant on exam, √ non-impact exercises
Hx Amputation	3b	1-2	+	Special clinic (assessment) Modified footwear	Specialized clinic: amputation/prostheses, +/- walking aid	Based on tissue tolerance, √ non-impact exercises

Modified from *International Diabetes Federation, International Working Group on the Diabetic Foot*, 2008