

Inlow's 60-second Diabetic Foot Screen

2022 RISK SCREENING AND PLAN OF CARE



Patient Name:

Clinician Signature:

ID number:

Date:

► Step 1: Complete Screen of the Right and Left Feet

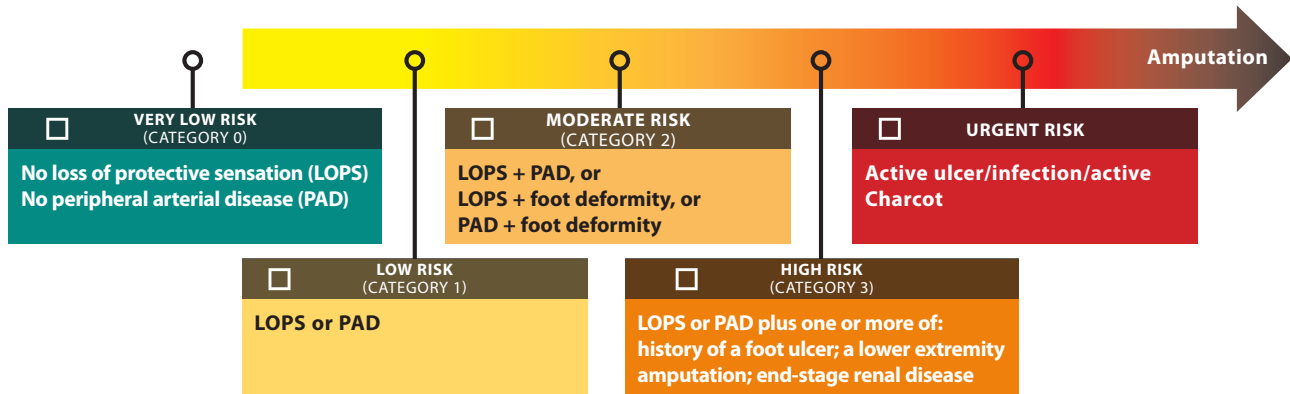
Instructions: Screen both feet using the parameters identified within Inlow's 60-second Diabetic Foot Screen¹ to identify clinical indicators and/or care concerns. Once each parameter has been assessed move on to Steps 2 and 3.

Self-Reported Risk Factors/Comorbidities			
<input type="checkbox"/> Retinopathy <input type="checkbox"/> Nephropathy <input type="checkbox"/> Poor glycemic control <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Peripheral Arterial Disease <input type="checkbox"/> Smoking			
RIGHT FOOT	1. Screen for Foot Skin and Nail Changes	LEFT FOOT	Risk Status and Care Planning
	Skin: <input type="checkbox"/> Intact and healthy <input type="checkbox"/> Dry with fungus or light callus <input type="checkbox"/> Heavy callus build up <input type="checkbox"/> Prior ulceration <input type="checkbox"/> Existing ulceration (± warmth and erythema) <input type="checkbox"/> Macerated web space Nails: <input type="checkbox"/> Well-groomed and appropriate length <input type="checkbox"/> Unkempt and ragged <input type="checkbox"/> Thick, damaged, or infected		
RIGHT FOOT	2. Screen for Loss of Protective Sensation	LEFT FOOT	Risk Status and Care Planning
	Foot Sensation – do they ever: <input type="checkbox"/> • feel numb? <input type="checkbox"/> • tingle? <input type="checkbox"/> • burn? <input type="checkbox"/> • feel like insects are crawling on them? Foot Sensation – monofilament testing: <input type="checkbox"/> No: Loss of protective sensation was not detected (sensation was present at all sites) <input type="checkbox"/> Yes: Loss of protective sensation detected (sensation was missing at one or more sites)		
RIGHT FOOT	3. Screen for Peripheral Arterial Disease	LEFT FOOT	Risk Status and Care Planning
	Pain: <input type="checkbox"/> Pain in the feet or legs when walking, limiting mobility Dependent rubor: <input type="checkbox"/> No <input type="checkbox"/> Yes Cool foot: <input type="checkbox"/> No <input type="checkbox"/> Yes Pedal Pulses: <input type="checkbox"/> Present <input type="checkbox"/> Absent		
RIGHT FOOT	4. Screen for Bony Deformity (and Footwear)	LEFT FOOT	Risk Status and Care Planning
	Deformity: <input type="checkbox"/> No deformity <input type="checkbox"/> Deformity (i.e. dropped metatarsal heads or bunion, chronic Charcot changes, hammertoes) <input type="checkbox"/> Prior lower extremity amputation <input type="checkbox"/> Acute Charcot (+ warmth and erythema) Range of Motion: <input type="checkbox"/> Full range in hallux <input type="checkbox"/> Limited range of motion in hallux <input type="checkbox"/> Rigid hallux Footwear: <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Causing trauma		

* Refer to Steps 2 and 3 before completing this area.

► Step 2: Determine the Risk for Ulceration and Amputation

Instructions: Review the results from Inlow's 60-second Diabetic Foot Screen to identify parameters that put the patient at risk. *Very low risk involves no loss of protective sensation, peripheral arterial disease or related comorbidities/risk factors. If comorbidities exist, consider increasing to Category 1.



► Step 3: Create a Plan of Care with Your Patient Based on Identified Risks

Instructions: Based on the risk classification and clinical indicators develop a plan of care with your patient that best meets their needs.

Risk Category	Clinical Indicators	Screening Frequency	Recommendations and Actions**
Very Low Risk (Category 0)	No loss of protective sensation (LOPS) and no peripheral arterial disease (PAD)	Screen every 12 months	<input type="checkbox"/> Education on: risk factors; daily foot inspection; appropriate footwear and foot- and nail-care;† when/how to seek medical attention if needed <input type="checkbox"/> Daily inspection of feet <input type="checkbox"/> Appropriate foot and nail care <input type="checkbox"/> Well-fitting footwear <input type="checkbox"/> Exercise as able
Low Risk (Category 1)	LOPS or PAD	Screen every 6–12 months	<input type="checkbox"/> Education on: risk factors (including LOPS or PAD); daily foot inspection; appropriate footwear and foot- and nail-care; when/how to seek medical attention if needed <input type="checkbox"/> Daily inspection of feet <input type="checkbox"/> Professional foot and nail care, including treatment of onychomycosis and Tinea pedis if present <input type="checkbox"/> Well-fitting, sensible footwear with custom, full-contact foot orthoses and diabetic socks <input type="checkbox"/> Vascular studies ± referral to a vascular investigation +/- vascular surgeon <input type="checkbox"/> Pain management for ischemic pain, if present <input type="checkbox"/> Recommend non-weight bearing exercise program https://www.diabetes.ca/nutrition—fitness/exercise—activity
Moderate Risk (Category 2)	LOPS + PAD, or LOPS + foot deformity, or PAD + foot deformity	Screen every 3–6 months	<input type="checkbox"/> Education on: risk factors (including LOPS ± PAD ± foot deformity); daily foot inspection; appropriate footwear and foot- and nail-care; when/how to seek medical attention if needed <input type="checkbox"/> Daily inspection of feet <input type="checkbox"/> Professional foot and nail care, treatment of onychomycosis and Tinea pedis if present <input type="checkbox"/> Well-fitting, orthopaedic footwear with custom full-contact total contact casted foot orthoses and diabetic socks. Footwear must accommodate any deformities present <input type="checkbox"/> Vascular studies ± referral to a vascular surgeon <input type="checkbox"/> Pain management for ischemic or neuropathic pain <input type="checkbox"/> Referral to a general, orthopedic or foot surgeon, if indicated, surgically manage foot deformities <input type="checkbox"/> Recommend non-weight bearing exercise program https://www.diabetes.ca/nutrition—fitness/exercise—activity
High Risk (Category 3)	LOPS or PAD plus one or more of: • history of a foot ulcer • a lower extremity amputation • end-stage renal disease	Screen every 1–3 months	<input type="checkbox"/> Education on: risk factors (including LOPS ± PAD ± foot deformity); risk of ulcer recurrence; daily foot inspection; appropriate footwear and foot- and nail-care; when/how to seek medical attention if needed <input type="checkbox"/> Daily inspection of feet <input type="checkbox"/> Professional foot and nail care, including treatment of onychomycosis and Tinea pedis, if present <input type="checkbox"/> Well-fitting, orthopedic footwear with custom full-contact total contact casted foot orthoses and diabetic socks. Footwear must accommodate any deformities present <input type="checkbox"/> Modified footwear and/or prosthesis based on level of amputation <input type="checkbox"/> Vascular studies ± referral to a vascular surgeon <input type="checkbox"/> Pain management for ischemic or neuropathic pain <input type="checkbox"/> Recommend non-weight bearing exercise program https://www.diabetes.ca/nutrition—fitness/exercise—activity
Urgent Risk	Active ulcer/infection/active Charcot	Urgent care required	<input type="checkbox"/> Education on: signs of wound infection and wound care; risk factors (LOPS ± PAD ± foot deformity); risk of ulcer recurrence; daily foot inspection; appropriate footwear and foot- and nail-care; when/how to seek medical attention <input type="checkbox"/> Daily inspection of feet <input type="checkbox"/> Professional foot and nail care, including treatment of onychomycosis and Tinea pedis, if present <input type="checkbox"/> Offloading with total contact cast, removable cast walker or wound shoe to close ulcers and/or to immobilize Charcot foot <input type="checkbox"/> Vascular studies ± referral to vascular surgeon or limb preservation clinic, as indicated <input type="checkbox"/> Pain management for ischemic pain or neuropathic pain <input type="checkbox"/> Referral to a general, orthopedic or foot surgeon, if indicated, to surgically manage foot deformities <input type="checkbox"/> Referral to infectious diseases to manage infection, if indicated, and/or to a general, orthopedic or foot surgeon to debride infectious tissue ± bone, if indicated

** These recommendations and actions are not all-inclusive. Actions need to be customized to meet each patient's needs. Encourage patients (and caregivers) to manage their glycemic levels, triglycerides, weight, hypertension, and lifestyle choices such as smoking. Ensure the patient knows where to access professional assistance in the event of an urgent foot complication.

† Tools and educational materials are available online from Wounds Canada:

For patients (and caregivers): <https://dhfy.ca/for-patients-public>

For clinicians: <https://dhfy.ca/for-clinicians>

References:

1. Adapted from Inlow S. The 60-second foot exam for people with diabetes. *Wound Care Canada*. 2004;2(2):10–11.

2. Bus S, Lavery L, Monteiro-Soares M, Rasmussen A, Rasovic A, Sacco I et al. Guidelines on the prevention of foot ulcers in persons with diabetes (IWGDF 2019 update). *Diabetes Metab Res Rev*. 2020;36(S1).

3. Botros M, Kuhnke J, Embil J, Goettl K, Morin C, Parsons L, et al. Best practice recommendations for the prevention and management of diabetic foot ulcers. In: *Foundations of Best Practice for Skin and Wound Management*. A supplement of *Wound Care Canada*; 2017. 68 pp. Retrieved from: www.woundscanada.ca/docman/public/health-care-professional/bpr-workshop/895-wc-bpr-prevention-and-management-of-diabetic-foot-ulcers-1573r1e-final/file.