

Inlow's 60-second Diabetic Foot Screen



FOR THE ASSESSMENT AND MANAGEMENT OF THE DIABETIC FOOT

Patient Name:

Clinician Signature:

ID number:

Date:

In order to use this tool efficiently and for best patient outcomes, complete the following three steps:

► Step 1: Complete an Assessment of the Left and Right Feet

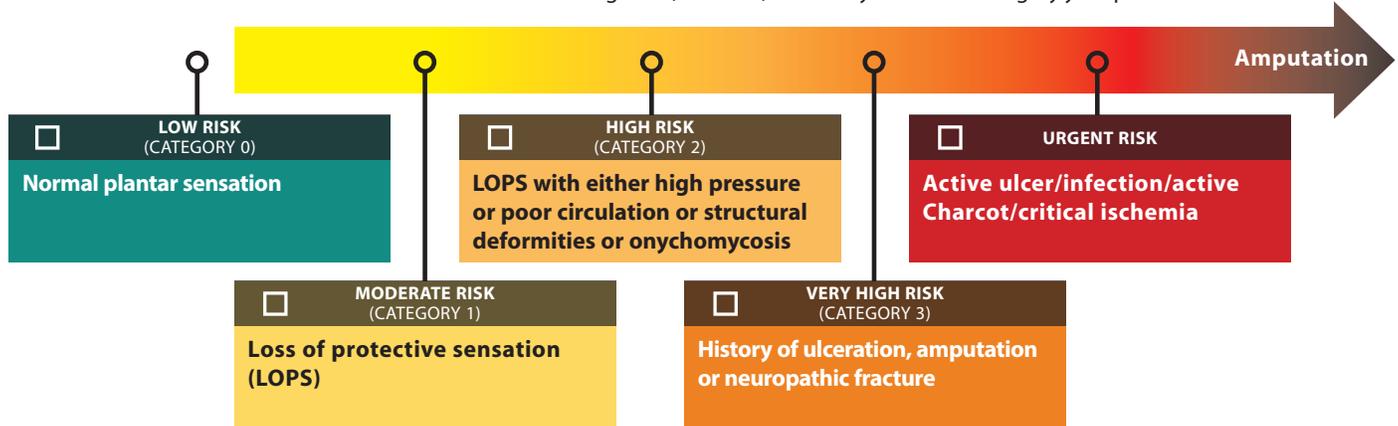
Instructions: Assess both feet using the four parameters identified within Inlow's 60-second Diabetic Foot Screen¹ to identify clinical indicators and/or care deficits. Once each parameter has been assessed move on to Steps 2 and 3.

Inlow's 60-second Diabetic Foot Screen		
LEFT FOOT		RIGHT FOOT
1. Assess for Skin and Nail Changes	Recommendations and Referrals*	1. Assess for Skin and Nail Changes
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 or amputation <input type="checkbox"/> Existing ulceration (± warmth and erythema) Nails <input type="checkbox"/> Well-groomed and appropriate length <input type="checkbox"/> Unkempt and ragged <input type="checkbox"/> Thick, damaged, or infected		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 or amputation <input type="checkbox"/> Existing ulceration (± warmth and erythema) Nails <input type="checkbox"/> Well-groomed and appropriate length <input type="checkbox"/> Unkempt and ragged <input type="checkbox"/> Thick, damaged, or infected
2. Assess for Peripheral Neuropathy/ Loss of Protective Sensation (LOPS)	Recommendations and Referrals*	2. Assess for Peripheral Neuropathy/ Loss of Protective Sensation (LOPS)
Sensation – monofilament testing: <input type="checkbox"/> No: peripheral neuropathy was not detected (sensation was present at all sites) <input type="checkbox"/> Yes: peripheral neuropathy detected (sensation was missing at one or more sites) Sensation – ask 4 questions: • Are your feet ever numb? • Do they ever tingle? • Do they ever burn? • Do they ever feel like insects are crawling on them? <input type="checkbox"/> No to all 4 questions <input type="checkbox"/> Yes to any of the questions		Sensation – monofilament testing: <input type="checkbox"/> No: peripheral neuropathy was not detected (sensation was present at all sites) <input type="checkbox"/> Yes: peripheral neuropathy detected (sensation was missing at one or more sites) Sensation – ask 4 questions: • Are your feet ever numb? • Do they ever tingle? • Do they ever burn? • Do they ever feel like insects are crawling on them? <input type="checkbox"/> No to all 4 questions <input type="checkbox"/> Yes to any of the questions
3. Assess for Peripheral Arterial Disease (PAD)	Recommendations and Referrals*	3. Assess for Peripheral Arterial Disease (PAD)
Pedal Pulses: <input type="checkbox"/> Present <input type="checkbox"/> Absent 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 Dependent rubor: <input type="checkbox"/> No <input type="checkbox"/> Yes Cool foot: <input type="checkbox"/> No <input type="checkbox"/> Yes
4. Assess for Bony Deformity (and Footwear)	Recommendations and Referrals*	4. Assess for Bony Deformity (and Footwear)
Deformity: <input type="checkbox"/> No deformity <input type="checkbox"/> Deformity (i.e. dropped MTH or bunion, chronic Charcot changes) <input type="checkbox"/> 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		Deformity: <input type="checkbox"/> No deformity <input type="checkbox"/> Deformity (i.e. dropped MTH or bunion, chronic Charcot changes) <input type="checkbox"/> 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. Align the identified parameters with the International Diabetes Federation's Risk Categories (modified) to identify which risk category your patient falls into.



► 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 Classification	Clinical Indicators	Screening Frequency	Recommendations and Actions**
Low Risk (Category 0)	Normal plantar sensation	Screen every 12 months	<input type="checkbox"/> Educating on risk factors and foot self-inspection and care [†] <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Appropriate foot and nail care <input type="checkbox"/> Well-fitting, sensible footwear <input type="checkbox"/> Exercise as able
Moderate Risk (Category 1)	Loss of protective sensation (LOPS)	Screen every 6 months	<input type="checkbox"/> Education on LOPS [†] <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot and nail care <input type="checkbox"/> Well-fitting, sensible footwear with custom, full-contact foot orthoses and diabetic socks <input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors
High Risk (Category 2)	LOPS with either high pressure or poor circulation or structural deformities or onychomycosis	Screen every 3 months	<input type="checkbox"/> Education on high pressure, poor circulation, structural deformities and onychomycosis [†] <input type="checkbox"/> Daily self-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, 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 if appropriate <input type="checkbox"/> Pain management for ischemic pain, if present <input type="checkbox"/> Referral to an orthopedic surgeon, if indicated, to surgically manage foot deformities <input type="checkbox"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors
Very High Risk (Category 3)	History of ulceration, amputation or neuropathic fracture	Screen every 1–3 months	<input type="checkbox"/> Education on risk of recurrence [†] <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot and nail care <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"/> Referral to a rehab specialist to provide a plan for fitness (exercise prescription) based on risk factors
Urgent Risk	Active ulcer/infection/active Charcot/critical ischemia	Urgent care required	<input type="checkbox"/> Educating on signs of wound infection and wound care <input type="checkbox"/> Daily self-inspection of feet <input type="checkbox"/> Professional foot and nail care <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"/> Referral to services such as a wound or limb salvage clinic

** These recommendations and actions are not all-inclusive. Actions need to be customized to meet each patient's needs. Encourage patients 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: <https://dhfy.ca/for-patients-public>

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

References:

- Adapted from Inlow S. The 60-second foot exam for people with diabetes. Wound Care Canada. 2004;2(2):10–11.
- International Diabetes Federation (IDF) 2017 Clinical Practice Recommendations on the Diabetic Foot 2017. Available from: www.idf.org/e-library/guidelines/119-idf-clinical-practice-recommendations-on-diabetic-foot-2017.html.
- Botros M, Kuhnke J, Embil J, 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 p. Available from: www.woundscanada.ca/docman/public/health-care-professional/bpr-workshop/895-wc-bpr-prevention-and-management-of-diabetic-foot-ulcers-1573r1e-final/file.