

# Screening for the high risk diabetic foot: A 60-Second Tool (2014) © Sibbald

<b>Name:</b> _____ <b>ID#:</b> _____ <b>Phone #:</b> _____ <b>Facility:</b> _____ <b>DOB (dd/mm/yy):</b> _____/_____/_____ <b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/> <b>Years with diabetes:</b> _____ <b>Ethnicity:</b> Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/> <b>Date of Exam (dd/mm/yy):</b> _____/_____/_____	<b><u>CHECK BOTH FEET</u></b> (Circle correct response)  <b>“YES” on either foot = HIGH RISK</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><b>LEFT</b></td> <td style="width: 50%; text-align: center;"><b>RIGHT</b></td> </tr> </table>	<b>LEFT</b>	<b>RIGHT</b>
<b>LEFT</b>	<b>RIGHT</b>		

<b>HISTORY</b>	1. Previous ulcer	NO	YES	NO	YES
	2. Previous amputation	NO	YES	NO	YES
<b>PHYSICAL EXAM</b>	3. Deformity	NO	YES	NO	YES
	4. Absent pedal pulses (Dorsalis Pedis and/ or Posterior Tibial)	NO	YES	NO	YES
<b>FOOT LESIONS</b> <i>Remember to check 4<sup>th</sup> and 5<sup>th</sup> web spaces/nails for fungal infection and check for inappropriate footwear.</i>	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
<b>NEUROPATHY</b> <i>MORE THAN 4/10 SITES LACKING FEELING = “YES”</i>	9. Left _____/10 negatives (≥ 4 negatives = Yes)	NO	YES	NO	YES
	10. Right _____/10 negatives (≥ 4 negatives = Yes) Monofilament exam (record negative reaction)	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:

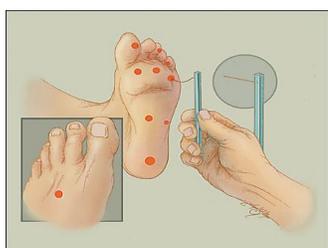
This diabetic foot screening tool is designed to identify individuals with high-risk diabetic feet. This screening tool is a simplified 60-second assessment for each foot to be implemented by any healthcare provider. Preparation involves having a 5.07g monofilament available and asking patient to remove 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
<b>1</b>	<b>“Yes”, if previous ulcer from history is observed:</b> Ask the patient and assess both lower legs and feet for the presence of a healed ulcer as evidenced by scar tissue.
<b>2</b>	<b>“Yes”, if previous amputation</b> of digit(s), foot or limb is observed.
<b>3</b>	<b>“Yes”, if deformity</b> and/or abnormality in shape or structure of either foot is observed (bony prominences/hammer toes).
<b>4</b>	<b>“Yes”, if absent pedal pulses</b> (palpate Dorsalis Pedis and if absent check Posterior Tibial). A yes answer requires absence of both pulses.
<b>5</b>	<b>“Yes”, if active ulcer(s) present:</b> Openings in the skin with a dermal or deeper base.
<b>6</b>	<b>“Yes”, if ingrown toenail present.</b> Inspect distal corners for embedded nail and/or thickened nail fold skin.
<b>7</b>	<b>“Yes”, if callus present (thick plantar skin):</b> Assess and inspect for presence of thick areas of keratin on the bottom or sides of feet and toes.
<b>8</b>	<b>“Yes”, if blister(s) present:</b> Observe for fluid (serum, blood or pus) under intact skin surface.
<b>9 &amp; 10</b>	<b>“Yes”, if Monofilament Exam identified 4 or more negative reactions (lack of feeling):</b> 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
<b>No Neuropathy</b>	0	12	-	Well fitting	Well fitting shoes	As able
<b>Neuropathy</b>	1	6	+/-	Professional fit	Custom full contact	As able, monitor, guided by foot exam
<b>Deformity</b>	2a	3-4	+/-	+/- custom fit	Custom full contact	Avoid excessive walking, √ non-impact exercises
<b>Peripheral Vascular Disease</b>	2b	3-4	+	Professional fit	Soft full contact	Dependent on ischemic pain, √ non-impact exercises, or as recommended by vascular team consult
<b>Ulcer Hx or Active ulcer</b>	3a	1-2	+	Professional fit	Custom fitted	Activity dependant on exam, √ non-impact exercises
<b>Hx Amputation</b>	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*