HOW TO USE

Inlow's 60-second Diabetic Foot Screen

FOR THE ASSESSMENT AND MANAGEMENT OF THE DIABETIC FOOT

WoundsCANADA.ca

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

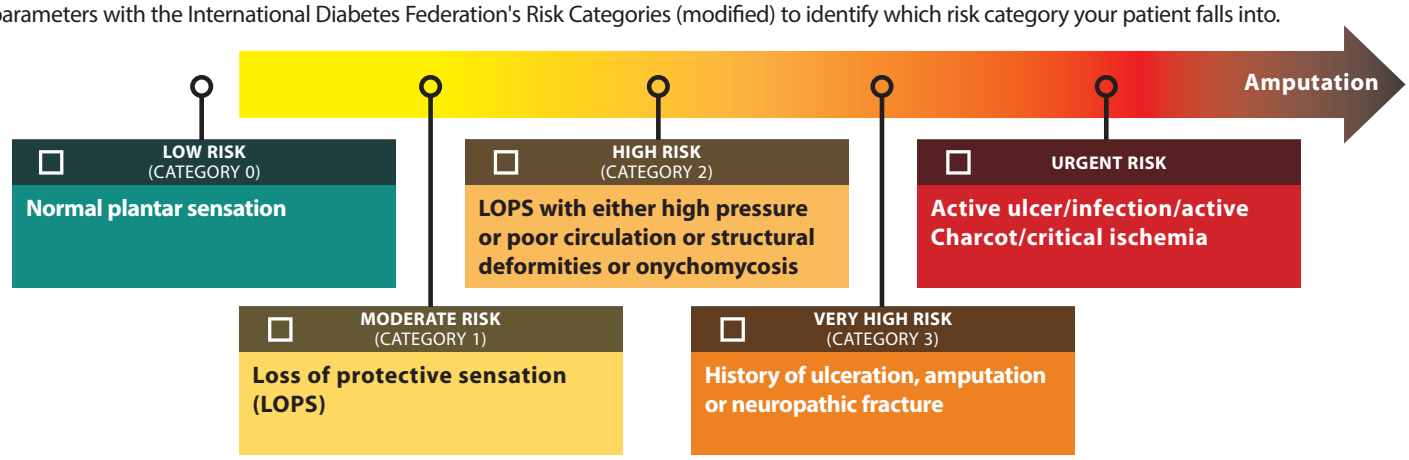
Instructions: Assess both feet using the four parameters identified within Inlow's 60-second Diabetic Foot Screen[1] to identify clinical indicators and/or care deficits. Once each parameter has been assessed move on to Steps 2 and 3.

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 ☐ Intact and healthy ☐ Dry with fungus or light callus ☐ Heavy callus build up ☐ Prior ulceration or amputation ☐ Existing ulceration (± warmth and erythema) **Nails** ☐ Well-groomed and appropriate length ☐ Unkempt and ragged ☐ Thick, damaged, or infected		**Skin** ☐ Intact and healthy ☐ Dry with fungus or light callus ☐ Heavy callus build up ☐ Prior ulceration or amputation ☐ Existing ulceration (± warmth and erythema) **Nails** ☐ Well-groomed and appropriate length ☐ Unkempt and ragged ☐ 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: ☐ No: peripheral neuropathy was not detected (sensation was present at all sites) ☐ 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? ☐ No to all 4 questions ☐ Yes to any of the questions		**Sensation – monofilament testing:** ☐ No: peripheral neuropathy was not detected (sensation was present at all sites) ☐ 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? ☐ No to all 4 questions ☐ 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: ☐ Present ☐ Absent **Dependent rubor:** ☐ No ☐ Yes **Cool foot:** ☐ No ☐ Yes		**Pedal Pulses:** ☐ Present ☐ Absent **Dependent rubor:** ☐ No ☐ Yes **Cool foot:** ☐ No ☐ Yes
4. Assess for Bony Deformity (and Footwear)	**Recommendations and Referrals***	**4. Assess for Bony Deformity (and Footwear)**
Deformity: ☐ No deformity ☐ Deformity (i.e. dropped MTH or bunion, chronic Charcot changes) ☐ Amputation ☐ Acute Charcot (+ warmth and erythema) **Range of Motion:** ☐ Full range in hallux ☐ Limited range of motion in hallux ☐ Rigid hallux **Footwear:** ☐ Appropriate ☐ Inappropriate ☐ Causing trauma		**Deformity:** ☐ No deformity ☐ Deformity (i.e. dropped MTH or bunion, chronic Charcot changes) ☐ Amputation ☐ Acute Charcot (+ warmth and erythema) **Range of Motion:** ☐ Full range in hallux ☐ Limited range of motion in hallux ☐ Rigid hallux **Footwear:** ☐ Appropriate ☐ Inappropriate ☐ 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	☐ Educating on risk factors and foot self-inspection and care† ☐ Daily self-inspection of feet ☐ Appropriate foot and nail care ☐ Well-fitting , sensible footwear ☐ Exercise as able
Moderate Risk (Category 1)	Loss of protective sensation (LOPS)	Screen every 6 months	☐ Education on LOPS† ☐ Daily self-inspection of feet ☐ Professional foot and nail care ☐ Well-fitting, sensible footwear with custom, full-contact foot orthoses and diabetic socks ☐ 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	☐ Education on high pressure, poor circulation, structural deformities and onychomycosis† ☐ Daily self-inspection of feet ☐ Professional foot and nail care, including treatment of onychomycosis and Tinea pedis if present ☐ Well-fitting, orthopaedic footwear with custom full-contact total contact casted foot orthoses and diabetic socks. Footwear must accommodate any deformities present. ☐ Vascular studies ± referral if appropriate ☐ Pain management for ischemic pain, if present ☐ Referral to an orthopedic surgeon, if indicated, to surgically manage foot deformities ☐ 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	☐ Education on risk of recurrence† ☐ Daily self-inspection of feet ☐ Professional foot and nail care ☐ Well-fitting, orthopedic footwear with custom full-contact total contact casted foot orthoses and diabetic socks. Footwear must accommodate any deformities present. ☐ Modified footwear and/or prosthesis based on level of amputation ☐ 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	☐ Educating on signs of wound infection and wound care ☐ Daily self-inspection of feet ☐ Professional foot and nail care ☐ Offloading with total contact cast, removable cast walker or wound shoe to close ulcers and/or to immobilize Charcot foot ☐ 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:
1. Adapted from Inlow S. The 60-second foot exam for people with diabetes. Wound Care Canada. 2004;2(2):10–11.
2. 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.
3. 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.