Regular foot examination reduces amputations among people with diabetes

A 3 minute examination meets the screening needs of diabetic patients. The exam described below is a time-sensitive tool that can be used by a variety of clinical professionals to meet the screening needs of diabetic patients.

**0:00 - 1:00 min.**

**ASK**

Does the patient have a history of:
- Previous leg/foot ulcer or lower limb amputation/surgery?
- Prior angioplasty, stent, or leg bypass surgery?
- Foot wound requiring more than 3 weeks to heal?
- Smoking or nicotine use?
- Diabetes? (If yes, what are the patient’s current control measures?)

**Does the patient have:**
- Burning or tingling in legs or feet?
- Leg or foot pain with activity or at rest?
- Changes in skin color, or skin lesions?
- Loss of lower extremity sensation?

**Has the patient established regular podiatric care?**

**1:01 - 2:00 min.**

**LOOK**

**DERMATOLOGIC EXAM:**
- Signs of fungal infection?
- Discolored and/or hypertrophic skin lesions, calluses, or corns?
- Open wounds or fissures?
- Intertidigital maceration?

**NEUROLOGIC EXAM:**
- Is the patient responsive to the Ipswich Touch Test?

**MUSCULOSKELETAL EXAM:**
- Full range of motion of the joints?
- Obvious deformities? If yes, for how long?
- Is the midfoot hot, red, or inflamed?

**VASCULAR EXAM:**
- Is the hair growth on the foot dorsum or lower limb decreased?
- Are the dorsalis pedis and posterior tibial pulses palpable?
- Is there a temperature difference?

**2:01 - 3:00 min.**

**Teach**

**Recommendations for daily foot care:**
- Visually examine both feet, including soles and between toes. If the patient can’t do this, have a family member do it.
- Keep feet dry by regularly changing shoes and socks; dry feet after baths or exercise.
- Report any new lesions, discolorations, or swelling to a health care professional.

**Education regarding shoes:**
- The risks of walking barefoot, even indoors.
- Avoiding shoes that are too small, tight or rub.
- Replacing shoes regularly, at least once a year.

**Overall health risk management:**
- Recommend smoking cessation (if applicable).
- Recommend appropriate glycemic control.

Follow up: Create a treatment plan

**Refer to specialist immediately for**
- Open wound or ulcerative area
- New neuropathic pain

**Refer to specialist timely for**
- Signs of active Charcot deformity
- Vascular compromise
- Chronic venous insufficiency
- Peripheral artery disease
- Presence of swelling or edema
- Loss of protective sensation (LOPS)
- Chronic venous insufficiency

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