

HOW TO DO A 3-MINUTE DIABETIC FOOT EXAM

This brief exam will help you to quickly detect major risks and prompt you to refer patients to appropriate specialists.

MINUTE 1

Patient History:

- Diabetes? (If yes, what are the patient's current control measures?)
- Previous leg/foot ulcer or lower limb amputation/surgery?
- Prior angioplasty, stent or leg bypass surgery?
- Current ulceration of the lower extremity?
- Smoking or nicotine use?

Patient Presentation:

- Burning or tingling in legs or feet?
- Leg pain or fatigue with activity?
- Changes in skin color or skin lesions?
- Loss of lower extremity sensation?

Has the patient established regular podiatric care?

MINUTE 2

Vascular Exam:

- Palpate the dorsalis pedis and posterior tibial pulse.
- Look for distal hair growth on feet/toes.
- Check capillary filling time < 3 seconds in the toes.

Neurologic Exam:

- Test for neuropathy by using either a Semmes-Weinstein monofilament, the Ipswich touch test or an electronic tuning fork (ETF).

Musculoskeletal Exam:

- Inspect for any deformities.
- Check the range of motion of the ankle and 1st metatarsophalangeal joint (MTPJ).
- Look for signs of Charcot foot (hot, red, swollen foot or collapsed arch).

MINUTE 3

Refer:

- See the reverse side for referral and admission guidelines.

Educate:

- Inform the patient about the risk of ulceration and amputation with diabetes.
- Recommend the patient inspect their feet daily.
- Educate the patient on the risks of walking barefoot, even when indoors.
- Recommend appropriate-fitting shoes.
- Recommend smoking cessation.
- Recommend appropriate glycemic control.

Adapted from: Miller JD, et al.
How to do a 3-minute foot exam
Journal of Family Practice. 2014

REFERRAL AND ADMISSION GUIDELINES

After completing the 3-minute foot exam, use the risk guidelines at the right to determine referral urgency.



“Every 30 seconds, somewhere in the world, a limb is lost as a consequence of diabetes.”

- The Lancet 2005

To inquire about becoming a member of the Amputation Prevention Centers of America® or if you are a patient seeking treatment, contact us at:

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Risk Guidelines

HOSPITAL ADMIT OR URGENT REFERRAL

- Signs of an infection (erythema, lymphangitis, odor or purulence)
- Vascular compromise (gangrene, cyanosis, loss of DP/PT pulse)
- Open wound or ulcer
- Signs of active Charcot foot (red, hot, swollen midfoot or ankle)

IMMEDIATE OR “NEXT AVAILABLE” OUTPATIENT REFERRAL

- Presence of diabetes with a previous history of ulcer, Charcot foot or lower extremity amputation

REFERRAL WITHIN 1-3 WEEKS (IF NOT ALREADY RECEIVING REGULAR CARE)

- Peripheral artery disease +/- neuropathy
- DP/PT pulses diminished or absent
- Presence of swelling or edema

REFERRAL WITHIN 1 MONTH

- Neuropathy +/- longstanding, nonchanging deformity
- Patient requires prescriptive or accommodative footwear

REFERRAL WITHIN 1-3 MONTHS

- No neuropathy or peripheral artery disease
- Patient seeks education regarding foot care, athletic training, appropriate footwear, preventing injury, etc.

VERY HIGH RISK

HIGH

MODERATE

LOW

VERY LOW