





# **ETF NeuroScore Results\***





**Patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Right Foot NeuroScore =                      seconds**

-  **High Risk = 0-4 seconds**
-  **Moderate Risk = 4.1-6 seconds**
-  **Low Risk = 6.1-7 seconds**
-  **Normal = >7 seconds**

**Left Foot NeuroScore =                      seconds**

-  **High Risk = 0-4 seconds**
-  **Moderate Risk = 4.1-6 seconds**
-  **Low Risk = 6.1-7 seconds**
-  **Normal = >7 seconds**

## **Interpretation of Results**

ETF NeuroScore test results reflect a rapid risk assessment for loss of large nerve fiber function associated with diabetic foot complications such as ulcers, infections and potential amputations. Research has indicated that diabetic patients scoring **below 4 seconds were at High Risk** of foot complications<sup>†</sup>.

Patients are strongly encourage to adopt diabetic foot risk prevention strategies including daily foot inspection, proper diabetic shoe/gear/orthotic therapy, avoidance of barefoot gait/temperature extremes and professional foot exams at least once or twice per year.

\* Based on ETF testing of the great toe. Results reflect status of vibratory sensation which gauges large fiber nerve function. Neuropathy scale is based on results cited in O'Brien and Karem, J Am Podiatr Med Assoc. 2014 Mar;104(2):134-40. doi: 10.7547/0003-0538-104.2.134

†O'Brien T, Karem J. Combined Utility of the Semmes-Weinstein Monofilament and the Timed Vibration Test in the Prediction of Diabetic Foot Ulcers. J Am Podiatr Med Assoc. 2022 Mar 16;112(1):20-174. doi: 10.7547/20-174.