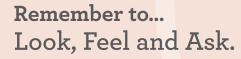


Are your patients at risk for diabetes-related foot complications?



- 1. SKIN: Is the skin dry or calloused? Are there open areas such as blisters or ulcers?
- 2. NAILS: Are nails well kept or unkempt?
- 3. **DEFORMITY:** Have there been changes to the bony structure of the foot? They may be indicative of Charcot.
- 4. FOOTWEAR: Does the patient's footwear fit properly? Are the shoes appropriate for the activity for which they are being used?
- 5. TEMPERATURE:

Is the foot cool? This may be indicative of arterial disease.

Is the foot hot? This may be indicative of inflammation, infection or Charcot.

Frequency of assessment is dependent on findings. * Based on Inlow 60-Second Foot Screen

- 6. RANGE OF MOTION: Check the hallux range.
- 7. SENSATION: Use a monofilament to test 10 sites on the foot to detect potential neuropathy.
- 8. SENSATION: Ask 4 questions to detect potential neuropathy: • Are your feet ever numb?
 - Do they tingle?
 - Do they ever burn?
 - Do they feel like insects are crawling on them?
- 9. PEDAL PULSES: Are pulses present, absent or bounding?
- **10.DEPENDENT RUBOR:** This may be indicative of poor arterial flow or perfusion.
- **11. ERYTHEMA:** This may be indicative of inflammation, infection or Charcot changes.

For Best Practice Recommendations for the Prevention, Diagnosis and Treatment of diabetic foot ulcers, please visit: www.cawc.net

For more information about diabetes, please visit: diabetes.ca

Order additional resources online at: orders.diabetes.ca

> For patient education on topics covered in this brochure, refer to the patient brochure or visit diabetes.ca/footcare

Canadian Association of Wound Care

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Canadian Diabetes Association

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CLINICIAN'S BROCHURE

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Diabetes, **Healthy Feet** AND **Your Patients**



How healthy are YOUR patients' feet?















Look at your patient's feet and know the signs.

