

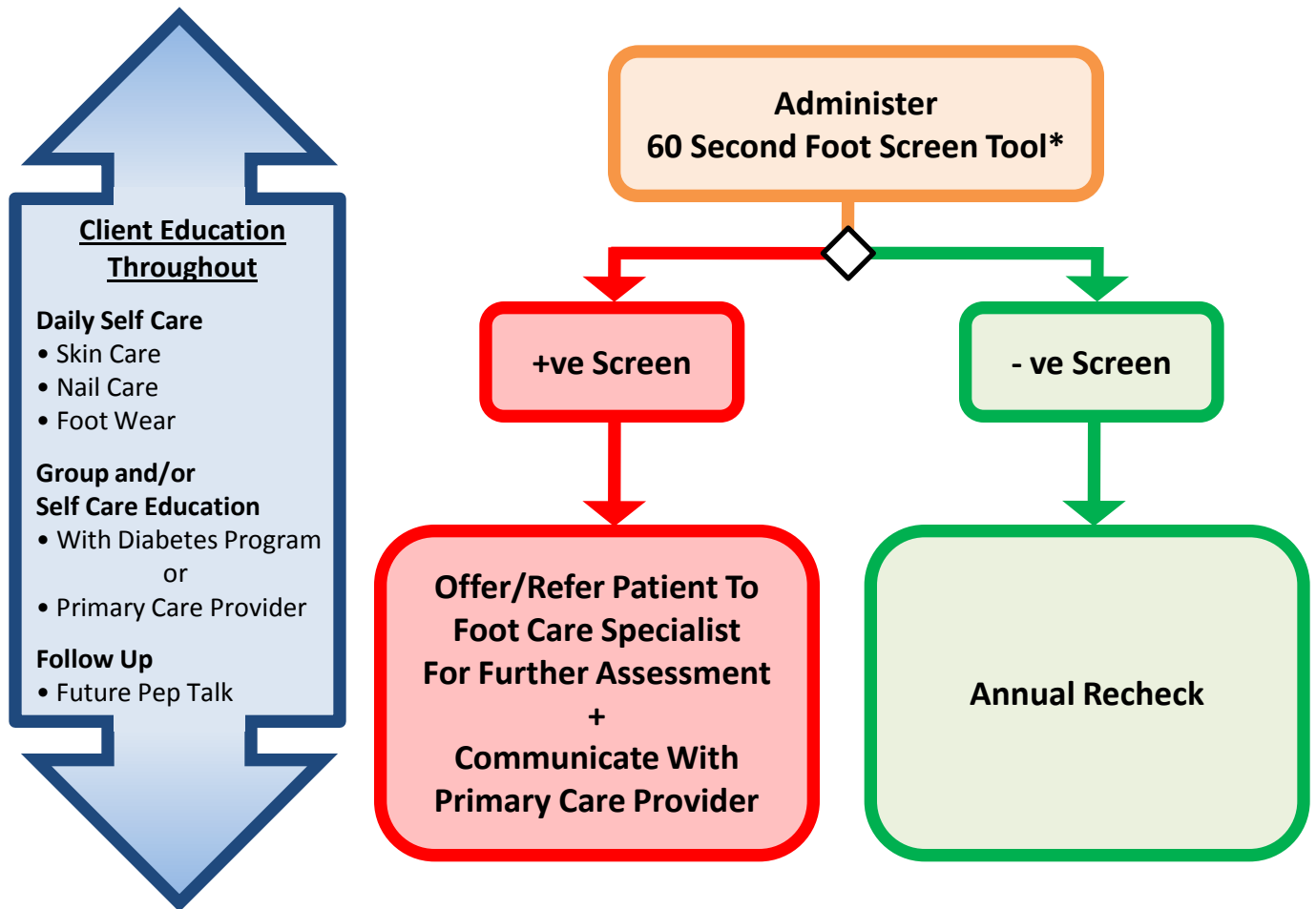
Foot Care Tool Kit



Stand UP to Diabetes
Faisons face au diabète



Foot Care Screening Flow Map

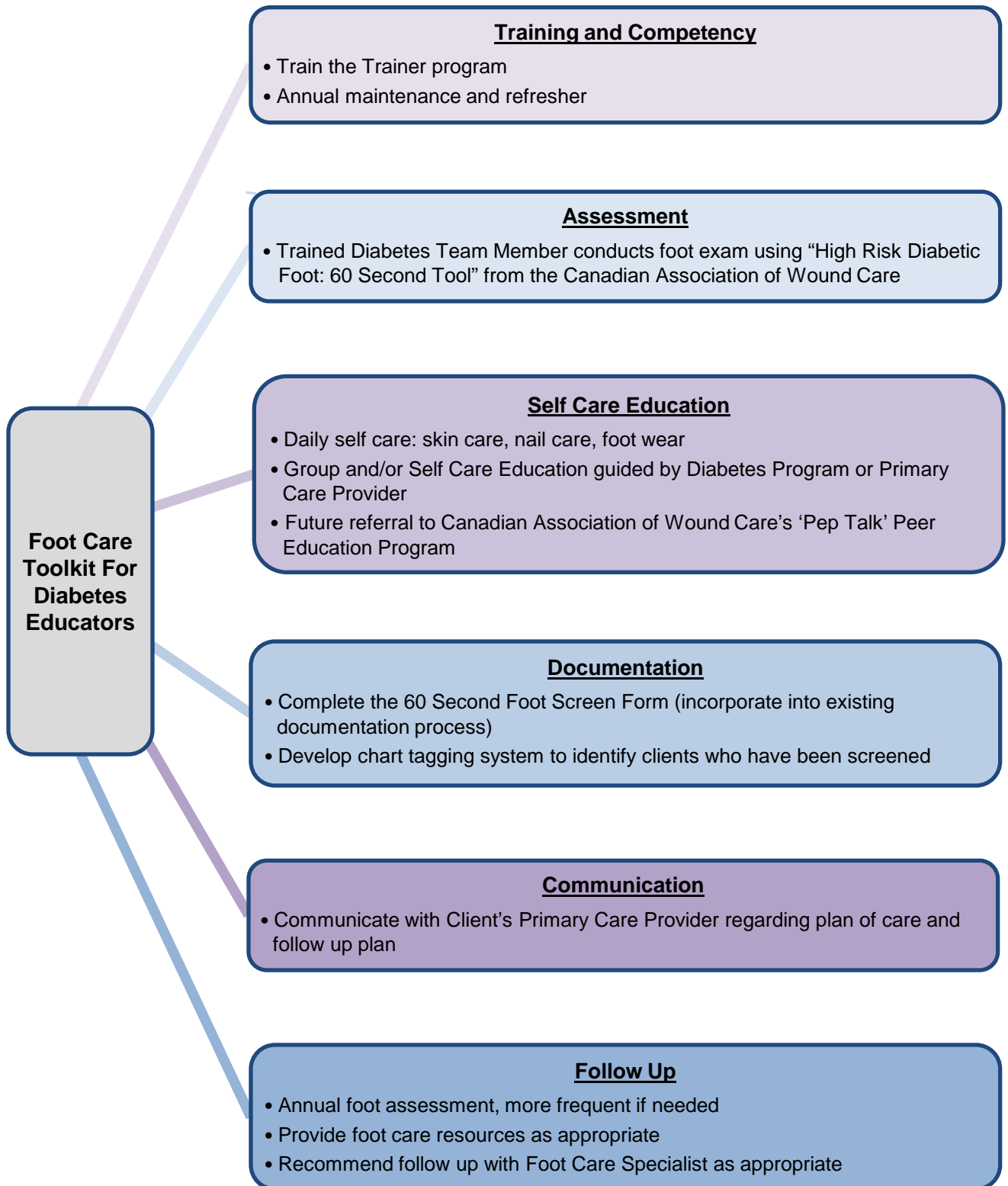


- ve 60 Second Foot Screen = All 'No' responses

+ve 60 Second Foot Screen = At least one 'Yes' response

* Sibbald. Screening for the high risk diabetic foot: A 60 Second Tool. 2012

Foot Care Screening: Professionals





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

Remember to... Look, Feel and Ask.

- 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.
- 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.

Frequency of assessment is dependent on findings.

* Based on Inlow 60-Second Foot Screen

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

For more information about cardiovascular disease and diabetes, please visit: diabetes.ca/documents/about-diabetes/Synopsis_Final.pdf

To purchase monofilaments, visit the CAWC Boutique: <http://cawc.net/index.php/resources/store>

For patient education on topics covered in this brochure, refer to the patient brochure or visit www.cawc.net/diabetesandhealthyfeet

Canadian Association of Wound Care  Association canadienne du soin des plaies

Canadian Association of Wound Care

45 Charles St. East, Suite 300

Toronto, ON M4Y 1S2

Tel: 416-485-2292 Toll-Free: 1-866-474-0125

Email: healthyfeet@cawc.net

Web site: www.cawc.net/diabetesandhealthyfeet

Production of materials has been made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This brochure is an educational enabler and should not be used for any diagnostic or therapeutic decisions.

CLINICIAN'S BROCHURE

Canadian Association
of Wound Care



Association canadienne
du soin des plaies

Diabetes, Healthy Feet AND Your Patients



How healthy are **YOUR** patients' feet?

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

Are your patient's feet...

What you can do to help your patient.

Numb, painful or tingling?

IF YES

- Monitor blood glucose management.
- Refer patient for professional nail and skin care.
- Refer patient for professionally fitted footwear.

Showing signs of bony changes or deformities?

IF YES

- Assess for bony deformities or Charcot changes.
- Refer patient for professionally fitted or custom footwear.

Dry, cracked, blistered or ulcerated?

IF YES

- Refer patient for professional skin care to manage callouses.
- Treat ulcer based on depth of injury, presence of infection and/or ischemia.
- Recommend non-weight bearing in the presence of a plantar ulceration.
- Refer patient for non-weight bearing footwear.

Displaying dependent rubor, signs of ischemia and/or gangrenous ulcers?

IF YES

- Refer patient for vascular assessment.
- Assess and manage pain.
- Refer patient for professionally fitted footwear.
- Treat ulcers based on depth of injury, presence of infection and/or ischemia.
- Recommend smoking cessation.

Screening for the high risk diabetic foot: A 60-Second Tool (2012) © Sibbald

Name: _____ ID#: _____ Phone #: _____ Facility: _____ DOB (dd/mm/yy): _____/_____/_____ Gender: M <input type="checkbox"/> F <input type="checkbox"/> Years with diabetes: _____ Ethnicity: Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Mixed <input type="checkbox"/> Other <input type="checkbox"/> Date of Exam (dd/mm/yy): _____/_____/_____		<u>CHECK BOTH FEET</u> (Circle correct response) “YES” on either foot = HIGH RISK <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">LEFT</td> <td style="width: 50%; text-align: center;">RIGHT</td> </tr> </table>				LEFT	RIGHT
LEFT	RIGHT						
HISTORY	1. Previous ulcer	NO	YES	NO	YES		
	2. Previous amputation	NO	YES	NO	YES		
PHYSICAL EXAM	3. Deformity	NO	YES	NO	YES		
	4. Absent pedal pulses (Dorsalis Pedis and/ or Posterior Tibial)	NO	YES	NO	YES		
FOOT LESIONS <i>Remember to check 4th and 5th web spaces/nails for fungal infection and check for inappropriate footwear.</i>	5. Active ulcer	NO	YES	NO	YES		
	6. Ingrown toenail	NO	YES	NO	YES		
	7. Calluses (thick plantar skin)	NO	YES	NO	YES		
	8. Blisters	NO	YES	NO	YES		
	9. Fissure (linear crack)	NO	YES	NO	YES		
NEUROPATHY <i>MORE THAN 4/10 SITES LACKING FEELING = “YES”</i>	10. Monofilament exam (record negative reaction): a) Right _____/10 negatives (≥ 4 negatives = Yes) b) Left _____/10 negatives (≥ 4 negatives = Yes)	NO	YES	NO	YES		
	Total # of YES: _____			Total # of YES: _____			

PLAN

a) **POSITIVE SCREEN-** Results when there are one or more “Yes” responses. **Refer to a foot specialist or team for prevention, treatment and follow up.** (Bony deformity, current ulcer, absent pulse are most urgent). These individuals are at increased risk of a foot ulcer and/or infection. Patients should be educated on what changes to observe and report, while waiting for the specialist appointment.

Referral to: _____ **Appointment time:** _____

b) **NEGATIVE SCREEN-** Results when there are all “No” responses. **No referral required.** Educate patient to report any new changes to their healthcare provider and re-examine in 1 year.

One Year Date for Re-Examination (dd/mm/yy): _____/_____/_____

Completed By: _____ **Date:** _____

Additional Note:
 See reverse side for recommendations from the *International Diabetes Federation, & International Working Group on the Diabetic Foot.*

Local referral patterns may vary depending on expertise and available resources.

Screening for the high risk diabetic foot: A 60-Second Tool (2012) © Sibbald

General Instructions:

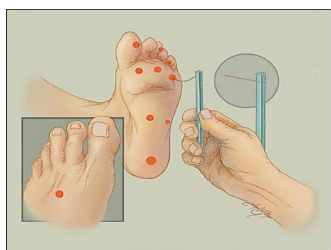
This diabetic foot screening tool is designed to identify individuals with high-risk diabetic feet. This screening tool is a simplified 60-second assessment for each foot to be implemented by any healthcare provider. Preparation involves having a 5.07g monofilament available and asking patient to remove their shoes and socks.

Normal screening findings are indicated as “No” (not requiring referral) and abnormal screening findings are indicated as “Yes” (requiring referral). Generation of a list of local reputable foot specialists and/or teams for referring is recommended.

Screening involves:

- Inform patient about the simplified 60-second screening and explain the reason for the examination.
- Fill in patient’s demographic data in top left section of screening tool.
- Assess both feet. Circle either a “Yes” or “No” response for questions 1-10.
- **Any “Yes” response requires follow up or a referral to a foot specialist and/or team.**

Question	“Yes” Response
1	“Yes”, if previous ulcer from history is observed: Ask the patient and assess both lower legs and feet for the presence of a healed ulcer as evidenced by scar tissue.
2	“Yes”, if previous amputation of digit(s), foot or limb is observed.
3	“Yes”, if deformity and/or abnormality in shape or structure of either foot is observed (bony prominences/hammer toes).
4	“Yes”, if absent pedal pulses (palpate Dorsalis Pedis and if absent check Posterior Tibial). A yes answer requires absence of both pulses.
5	“Yes”, if active ulcer(s) present: Openings in the skin with a dermal or deeper base.
6	“Yes”, if ingrown toenail present. Inspect distal corners for embedded nail and/or thickened nail fold skin.
7	“Yes”, if callus present (thick plantar skin): Assess and inspect for presence of thick areas of keratin on the bottom or sides of feet and toes.
8	“Yes”, if blister(s) present: Observe for fluid (serum, blood or pus) under intact skin surface.
9	“Yes”, if fissure (linear crack). Observe for a linear break with dermal base or deeper base.
10	“Yes”, if Monofilament Exam identified 4 or more negative reactions (lack of feeling): Follow the monofilament exam instructions below. Each foot is examined separately.



Steps for Monofilament Test for Neuropathy:

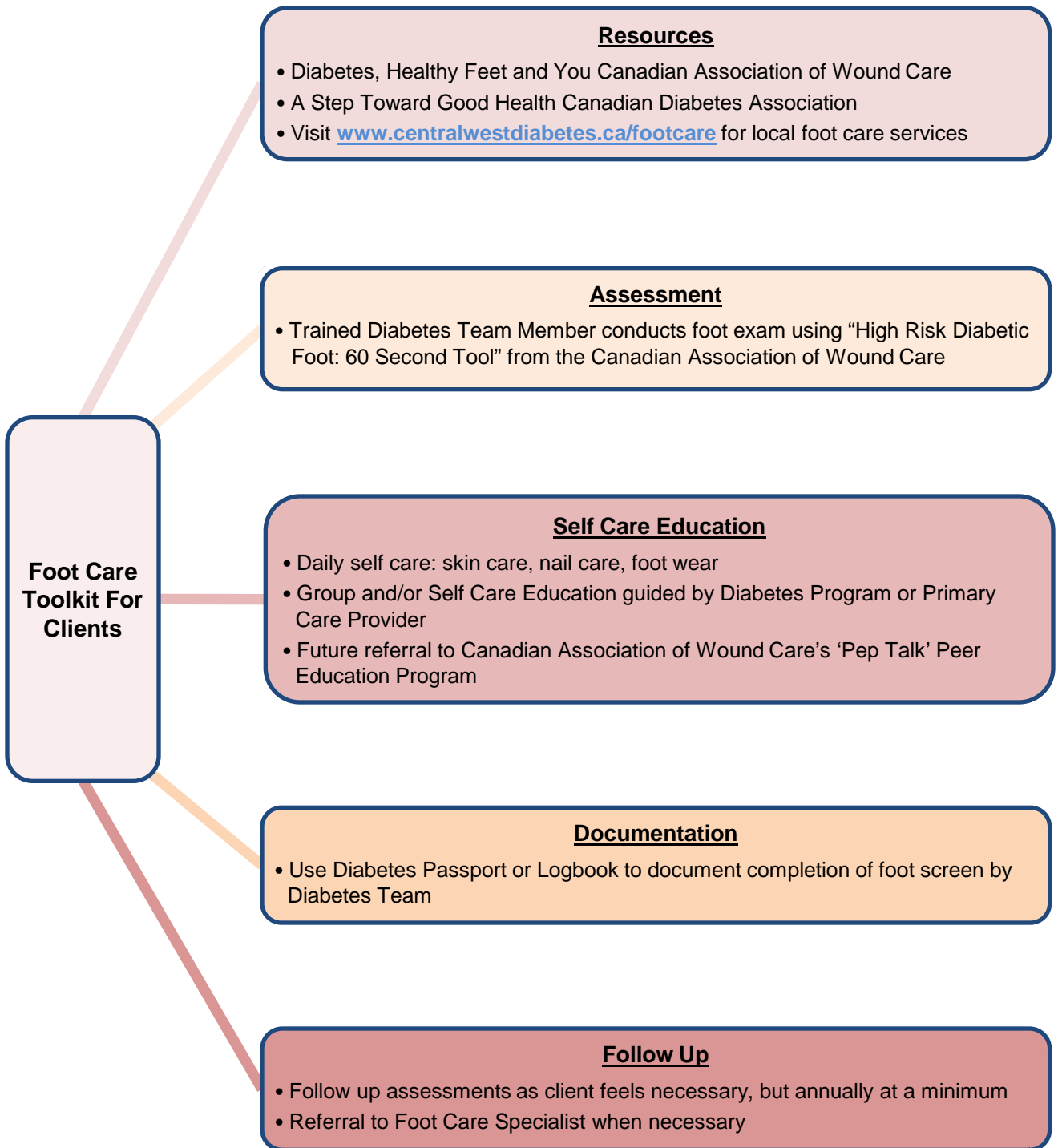
- Show and touch monofilament to patient’s arm or upper leg.
- Ask the patient to close their eyes and say yes when they feel the monofilament.
- Touch monofilament until filament bends in a letter “c” shape, assessing all 10 areas on diagram (Do not test over calluses, scars or ulcers)
- **Lack of feeling (4 or more out of 10) - indicates a negative reaction = Neuropathy = “YES” on screening tool**

Foot Risk Classification and Follow-up Guide

Assessment Findings ↓	RISK	Follow Up (mths)	Prof. Nail Care	Orthopaedic Shoes	Orthotics + Diabetic Socks	Activity
No Neuropathy	0	12	-	Well fitting	Well fitting shoes	As able
Neuropathy	1	6	+/-	Professional fit	Custom full contact	As able, monitor, guided by foot exam
Deformity	2a	3-4	+/-	+/- custom fit	Custom full contact	Avoid excessive walking, √ non-impact exercises
Peripheral Vascular Disease	2b	3-4	+	Professional fit	Soft full contact	Dependent on ischemic pain, √ non-impact exercises, or as recommended by vascular team consult
Ulcer Hx or Active ulcer	3a	1-2	+	Professional fit	Custom fitted	Activity dependant on exam, √ non-impact exercises
Hx Amputation	3b	1-2	+	Special clinic (assessment) Modified footwear	Specialized clinic: amputation/prostheses, +/- walking aid	Based on tissue tolerance, √ non-impact exercises

Modified from *International Diabetes Federation, International Working Group on the Diabetic Foot*, 2008

Foot Care Screening: Clients



Steps for Healthy Feet

General Health

- 1 Control your blood glucose levels.
- 2 If you smoke, quit.
- 3 Exercise daily as directed by your healthcare professional.

Caring for Your Feet

- 1 Look for signs of redness or blisters on your feet. This shows your shoe may not fit properly.
- 2 Wash your feet daily. Dry well, especially between your toes. Apply a moisturizer to your feet but not between your toes.
- 3 Do not soak your feet.
- 4 If you are unable to reach your toes or do not have feeling in your feet, have a healthcare professional trim your toenails for you.

Footwear

- 1 Shake out your shoes before you put them on.
- 2 Wear shoes at all times, indoors and out.
- 3 Buy shoes with closed toes as they protect your feet from injury.
- 4 Change your socks every day.
- 5 Buy shoes late in the day as feet tend to swell.
- 6 Have your shoes professionally fitted by a footwear specialist.

I will take care of my feet and make the changes needed to help keep my feet healthy!

DATE

SIGNATURE

This section is perforated for your personal reference.

Make the most out of your visit with your healthcare professional by asking these 3 questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

National Patient Safety Foundation

Sign up online at
www.cawc.net/diabetesandhealthyfeet
to receive your **FREE** monthly tip.

Visit us to read personal stories about foot care for people with diabetes, find a foot care professional, find the answers to frequently asked questions and more!

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Canadian Association of Wound Care

642 King St., West Suite 200
Toronto, ON M5V 1M7

Tel: 416-485-2292 Toll-Free: 1-866-474-0125

Email: healthyfeet@cawc.net

Web site: www.cawc.net/diabetesandhealthyfeet

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This brochure is a guide only and should not be used for any diagnostic or therapeutic decisions. Specific medical concerns should be directly handled by a qualified healthcare professional.

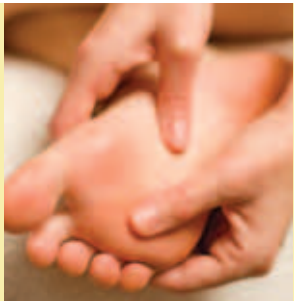
Canadian Association of Wound Care  Association canadienne du soin des plaies

Diabetes, Healthy Feet AND YOU



**How healthy are
YOUR feet?**

Know the signs.



Are your feet...

Numb, painful or tingling?
Do your feet feel like blocks of wood?

IF YES

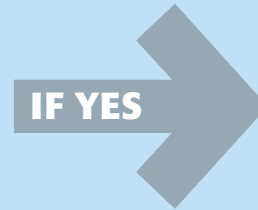


- Control your blood glucose levels.
- Have a healthcare professional trim your toenails and care for the skin on your feet.
- Have your shoes professionally fitted.



Changing shape?
Is one foot different than the other?
Any change is important.

IF YES



- Avoid too much walking.
- Visit your healthcare professional as soon as possible.
- Have your shoes professionally fitted.



Dry, callused or cracked?
Do they have sores or blisters?

IF YES



- Changes to your skin should be seen by a healthcare professional.
- Wash a sore or blister with warm water; dry well, and cover with a bandage. See a healthcare professional today.
- Avoid walking on your foot as it heals.

Please continue to check your feet every day for any changes or signs of injury.

If you have answered **YES** to any of these questions, please see a healthcare professional as soon as possible. Be sure to tell him/her that you have diabetes. Avoid using over-the-counter treatments unless directed to by a healthcare professional.

Have your healthcare professional check your feet AT LEAST 1-2 times per year or more if required.

Your Healthcare Professional Team

Chiropodists or Podiatrists: specialize in treating foot diseases, disorders and dysfunctions

Diabetes Educators: provide education on diabetes, including foot care

Doctors: assist in diabetes management, and some have specialized training in foot care

Nurses: some have specialized training in foot care

Orthotists / Prosthetists: specialize in orthotic and prosthetic devices

Pedorthists: specialize in orthotics, footwear and footwear modifications

Key Phone Numbers:

.....
Chiropodist or Podiatrist

.....
Diabetes Educator

.....
Doctor

.....
Nurse

.....
Orthotist / Prosthetist

.....
Pedorthist

.....
For more information, visit
www.cawc.net/diabetesandhealthyfeet

Foot care:

a step toward good health

management

Diabetes and your feet

Diabetes affects the circulation and immune system, which in turn impairs the body's ability to heal itself. Over time, diabetes can damage sensory nerves (this is known as "neuropathy"), especially in the hands and feet. As a result, people with diabetes are less likely to feel a foot injury, such as a blister or cut. Unnoticed and untreated, even small foot injuries can quickly become infected, potentially leading to serious complications.

Foot problems are very common in people with diabetes and can lead to serious complications. This fact sheet provides basic information about how diabetes affects your feet and what you can do to keep your feet healthy. Contact the Canadian Diabetes Association for additional resources.

Daily foot care

As always, prevention is the best medicine. A good daily foot care regimen will help keep your feet healthy.

Start by assembling a foot care kit containing nail clippers, nail file, lotion, a pumice stone and a non-breakable hand mirror. Having everything you need in one place makes it easier to follow this foot care routine every day:

1. Wash your feet in warm (not hot) water, using a mild soap. Don't soak your feet, as this can dry your skin.
2. While your feet are still wet, use a pumice stone to keep calluses under control.
3. Dry your feet carefully, especially between your toes.
4. Thoroughly check your feet and between your toes to make sure there are no cuts, cracks, ingrown toenails, blisters, etc. Use a hand mirror to see the bottom of your feet, or ask someone else to check them for you.
5. Clean cuts or scratches with mild soap and water, and cover with a dry dressing suitable for sensitive skin.
6. Trim your toenails straight across and file any sharp edges. Don't cut the nails too short.
7. Apply an unperfumed lotion to your heels and soles. Wipe off excess lotion that is not absorbed. Don't put lotion between your toes, as the excessive moisture can promote infection.
8. Wear fresh clean socks and well-fitting shoes every day. Whenever possible, wear white socks – if you have a cut or sore, the drainage will be easy to see.

OVER >



When to see your doctor

If you have any swelling, warmth, redness or pain in your legs or feet, see your doctor right away.

If you have any corns (thick or hard skin on toes), calluses (thick skin on bottom of feet), in-grown toenails, warts or slivers, have them treated by your doctor or a foot care specialist (such as a podiatrist, chiropodist or experienced foot care nurse). Do not try to treat them yourself.

Have your bare feet checked by your doctor at least once a year. In addition, ask your doctor to screen you for neuropathy and loss of circulation at least once a year.

Take your socks off at every diabetes-related visit to your doctor and ask him or her to inspect your feet.



Best advice

Do wear well-fitting shoes. They should be supportive, have low heels (less than 5 cm high) and should not rub or pinch. Shop at a reputable store with knowledgeable staff who can professionally fit your shoes.

Do wear socks at night if your feet get cold.

Do elevate your feet when you are sitting.

Do wiggle your toes and move your ankles around for a few minutes several times a day to improve blood flow in your feet and legs.

Do exercise regularly to improve circulation.

Do inspect your feet daily and in particular, feel for skin temperature differences between your feet.

Don't wear high heels, pointed-toe shoes, sandals (open toe or open heel) or worn-out shoes.

Don't wear anything tight around your legs, such as tight socks or knee-highs.

Don't ever go barefoot, even indoors. Consider buying a pair of well-fitting shoes that are just for indoors.

Don't put hot water bottles or heating pads on your feet.

Don't cross your legs for long periods of time.

Don't smoke. Smoking decreases circulation and healing, and significantly increases the risks of amputation.

Don't have pedicures by non-healthcare professionals.

Across the country, the Canadian Diabetes Association is leading the fight against diabetes by helping people with diabetes live healthy lives while we work to find a cure. Our community-based network of supporters help us provide education and services to people living with diabetes, advocate for our cause, break ground towards a cure and translate research into practical applications.

Printing supported by:



Resources

Regional Resources

Additional Resources

Canadian Association of Wound Care

<http://cawc.net/>

Nova Scotia Diabetes Foot Care Program

<http://diabetescare.nshealth.ca/guidelines-resources/professionals-and-patients/professionals/foot-resources>

Stand Up To Diabetes: Living With Diabetes, Foot Care

<http://www.health.gov.on.ca/en/public/programs/diabetes/living/foot.aspx>

Canadian Diabetes Association 2008 Clinical Practice Guidelines

<http://www.diabetes.ca/documents/2008CPG/32%20FOOT%20CARE-S143-S146.pdf>

Registered Nurses' Association of Ontario: Assessment and Management of Foot Ulcers for People with Diabetes

<http://rnao.ca/bpg/guidelines/assessment-and-management-foot-ulcers-people-diabetes>

Lower Extremity Amputation Prevention (LEAP)

<http://www.hrsa.gov/hansensdisease/leap/>