Do you have diabetes?

Take a seat and show me your feet!
3-Minute Foot Exam

A comprehensive foot exam can be done in three minutes and reduces amputations among people with diabetes. The Medicare Quality Payment Program measure, Diabetes: Foot Exam, is for primary care providers from the National Committee for Quality Assurance. It must include a visual exam, monofilament, and pulse exam and is recommended at least annually on all adults with diabetes. (See https://qpp.cms.gov)

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?
- Interdigital 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 healthcare 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