**DIABETIC FOOT EVALUATION**

* There is **no** requirement that the examination be performed by a podiatrist
* The purpose of the exam is to identify risk factors that may predict the development of ulcers or the need for amputation.
* All patients with diabetes should have an annual comprehensive foot examination which should include inspection, assessment of foot pulses and testing for loss of protective sensation (using a 10 gram monofilament **plus** testing one of the following: vibration, using a 125 Hz tuning fork; pinprick sensation; ankle reflex or vibration perception threshold). This test is not intended to specifically identify early neuropathy. One or more abnormal tests would suggest loss of protection sensation, while at least two normal tests point against it.
* A general inspection of skin integrity should be done in a well lit room. Assessment should address color, edema or evidence of dermatitis. Evaluation for obvious bony deformities should also be done at this opportunity.
* Initial screening for peripheral vascular disease should include a history for claudication and an assessment of pedal pulses.
* If dorsalis pedis and posterior tibialis pulses are absent, consider obtaining an ankle brachial pressure index (ABI).
* An ADA consensus statement on Peripheral Artery Disease suggested that screening ABI be performed in patients over 50 years of age and considered in those under 50 years who have other PAD risk factors (smoking, hypertension, hyperlipidemia or duration of diabetes >10 years).
* Refer patients with significant symptoms or positive ABI for vascular assessment.
* Refer patients who smoke, have loss of protective sensation and structural abnormalities, or have history of prior lower extremity complications to foot care specialists for ongoing preventive care and life-long surveillance.
* Patients with diabetes and high-risk foot conditions should be educated regarding risk factors and appropriate management, the importance of foot monitoring on a daily basis, proper foot care (including nail and skin care), and the selection of appropriate footwear. Persons with visual difficulties, physical constraints preventing movement, or cognitive impairments may need assistance from others such as family members.
* Foot ulcers and wound care may require the services of a podiatrist, orthopedic or vascular surgeon or rehabilitation specialist experienced in the management of individuals with diabetes.
* People with neuropathy or evidence of increased plantar pressure (e.g., erythema, warmth, callus or measured pressure) may be adequately managed with well-fitted walking shoes or athletic shoes that cushion the feet and redistribute pressure. Callus can be debrided by a health care professional. People with bony deformities (e.g., hammertoes, prominent metatarsal heads, bunions) may need extra-wide or deep shoes. People with extreme bony deformities (e.g., Charcot foot) who cannot be accommodated with commercial therapeutic footwear and orthotics may need custom-made footwear.

**References:**

“Standards of Medical Care in Diabetes – 2011”; Diabetes Care, American Diabetes Association, Vol. 34, supplement 1 S11-S61, Jan. 2011, pp. 56-58.

L.A. Care Health Plan, Medical Management Technical Bulletin, 2nd, 3rd quarter 2011.