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. Foot wear: 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
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: www.guidelines.diabetes.ca

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

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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.

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<th>Look at your patient's feet and know the signs.</th>
<th>Are your patient’s feet…</th>
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| ![Image of feet being examined](image1) | **Numb, painful or tingling?** | - Monitor blood glucose management.  
- Refer patient for professional nail and skin care.  
- Refer patient for professionally fitted footwear. |
| ![Image of feet with bony changes](image2) | **Showing signs of bony changes or deformities?** | - Assess for bony deformities or Charcot changes.  
- Refer patient for professionally fitted or custom footwear. |
| ![Image of dry, cracked, blistered, or ulcerated feet](image3) | **Dry, cracked, blistered or ulcerated?** | - 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. |
| ![Image of feet with dependent rubor, signs of ischemia, and/or gangrenous ulcers](image4) | **Displaying dependent rubor, signs of ischemia and/or gangrenous ulcers?** | - 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. |