DCPNS Diabetes Foot Risk Assessment Form

Guidelines

The Diabetic Foot Risk Assessment Form (Appendix A) is one of a series of patient and provider foot care tools developed by the Diabetes Care Program of Nova Scotia (DCPNS) to increase both consumer and health professional awareness of foot problems associated with diabetes.

Completion of this assessment form will aid in the early detection of diabetic foot problems and ensure prompt referral to the right foot care provider for appropriate treatment, thereby improving outcomes of the diabetic foot in Nova Scotia.

This form guides the user through a basic assessment of the diabetic foot. If abnormalities are detected, referral to a Foot Care Specialist* for an advanced foot assessment is recommended (see Referral Algorithm - Appendix B).

Objectives:

• To assist the health care provider in performing a systematic assessment of the diabetic foot and in completing the Diabetic Foot Risk Assessment Form.
• To highlight the following components of a foot inspection: skin and structural abnormalities, evidence of infection, ulceration, vascular disease, neuropathy, and mobility.¹
• To ensure a systematic foot assessment that is brief (5-7 minutes), yet comprehensive enough to identify risks and direct appropriate action to reduce/halt the risks for the diabetic foot.
• To outline signs and symptoms alerting the health care professional to real problems or potential risks of the diabetic foot.
• To assign a category of risk for diabetic foot problems.

Guidelines:

• This form is to be completed by the healthcare provider during the initial assessment period and routinely thereafter based on the foot assessment risk rating (e.g., Low Risk = annually; Moderate Risk = every 4-6 months, etc.).
• Assigned risk ratings serve as a guide. Clinical judgment is advised for more complex findings.
• The completed form becomes part of the client’s record.
• A copy of the form can be forwarded to the client’s physician or with a referral to a foot care specialist.
• Completed foot risk assessments are to be documented on the DCPNS Flow Sheet and entered into the DCPNS Registry.
• DCPNS has set a target of 80% of all individuals attending a Nova Scotia Diabetes Centre (DC) to have at least one documented foot assessment per year.
• DCs are encouraged to use the DCPNS Registry to track their foot assessment numbers, categories of risk, etc., to plan foot care interventions and evaluate outcomes.

*Foot Care Specialist: Chiropractor; Dermatologist; Family Physician/GP; Foot Care Nurse; Neurologist; Podiatrist; Vascular Surgeon; Wound Care Nurse.
Diabetes Foot Risk Assessment

General

- Provide a quiet and relaxed setting
- Good lighting is essential
- Ask the client to remove footwear from BOTH feet
- Tell the client what you are doing and why
- Assess and record findings for each foot (Indicate R [Right] or L [Left])
- Assign a category of risk (see section on “Risk Category” - page 8)
- Document Foot Assessment (Flow Chart/DCPNS Registry)
- Arrange referral to a foot care specialist as indicated

The Diabetic Foot Risk Assessment Form (see Appendix A) is comprised of the following five Foot Assessment components and five Foot Care components:

<table>
<thead>
<tr>
<th>Foot Assessment</th>
<th>Foot Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Skin/Nails</td>
<td>1. Foot Care/Footwear</td>
</tr>
<tr>
<td>2. Structure</td>
<td>2. Foot Care Education</td>
</tr>
<tr>
<td>3. Vascular</td>
<td>3. Foot Care Referral</td>
</tr>
<tr>
<td>4. Sensation</td>
<td>4. Risk Category</td>
</tr>
<tr>
<td>5. Mobility</td>
<td>5. Comment Section</td>
</tr>
</tbody>
</table>

Each finding under the above Foot Assessment components has an assigned risk rating. A traffic sign design has been featured to allow for easy identification of risk:

1. Skin Assessment

The skin is the first barrier to infection, and any skin breakdown can lead to limb-threatening consequences for the individual with diabetes.

- Visually inspect the top and bottom of both feet.
- Assess for signs of dry or sweaty feet.
- Look for any corns, calluses, fissures or cracks, maceration (moist, wrinkled, soft tissue as a result of moisture being trapped against the skin) and other skin abnormalities.
- Check between the toes for soft corns or any sign of skin breakdown.
- Be alert for signs of infection such as elevated skin temperature, swelling, inflammation, discharge, and pain.
  Check skin temperature by running the back of your hand down the leg from the below the knee to the dorsum of the digits.
1. Skin Assessment (cont)

- Inquire as to any previous ulcer(s).
- Be alert to any signs of foot trauma.
  **Individuals with peripheral neuropathy may not feel injuries such as stubbing their toe, stepping on a foreign object, wearing footwear that is too tight, cat scratches, etc.**
- Inspect the toenails to see if they are thickened, discolored, deformed, or ingrown.
  **Thickened nails may indicate vascular or fungal disease. Ingrown nails can quickly lead to serious foot complications.**
- Document findings by circling R (Right) or L (Left) as indicated.
- Use the key provided to label your findings on the appropriate foot diagram; e.g., C=callus; D=dryness, etc.
- If necessary add a new key; but be sure to label it clearly, so other healthcare providers understand; e.g., S=sweaty; W=warm, X=Bunion; ●=Corn, etc.

Many abnormal skin conditions may be improved through good foot hygiene (daily washing and moisturizing) and drying well between the toes. Referral to a family physician or other foot specialist may be necessary if prescription topical or oral antifungals are indicated. Corns and calluses should be safely debrided. Referral to a foot care specialist may be required. Persistent corns and calluses due to structural deformities may require custom foot wear/orthotics or surgical correction. Ingrown nails may require surgical intervention for incision and drainage or permanent correction of a deformed nail.2 (See **Referral Algorithm** - Appendix B.)

2. Structural Assessment

**Abnormal foot shape and prominent bony abnormalities are dangerous to the diabetic foot because they create pressure points that can lead to skin breakdown.**2,3,4,5

- Inspect the general shape of both feet.
- Look for deformities such as the following:
  - Hammer Toes
  - Claw Toes
  - Overlapping Digits
  - Bunion
  - Arch Deformity
  - Partial or complete amputations of the toes or foot
- Indicate findings by circling R (Right) or L (Left).
- Document structural deformities by drawing and labeling your findings on the foot diagrams provided.

Prominent bony abnormalities typically require referral to, and assessment by, foot care professionals specializing in prescribing and designing custom footwear/orthotics. Custom footwear should accommodate any foot deformities. This will alleviate pain from the bony deformities and reduce skin breakdown.2 (See **Referral Algorithm** - Appendix B.)
3. Vascular Assessment

Peripheral Arterial Disease (PAD) results in poor oxygenation and nourishment of the tissues of the lower extremities and the feet. This contributes to poor wound healing, ulceration, and the development of gangrene.³

- Look for the following signs of PAD:
  - Thin, fragile, shiny skin
  - Absence of hair growth
    Hair loss in the lower limbs occurs as a result of impaired circulation. Lack of nourishment related to an inadequate blood supply results in death of the hair root.
  - Cool/Cold skin
    Decreased skin temperature may be an indication of a vascular problem. If it is cold outside allow the individual’s feet to warm up before performing your assessment.
  - Pallor on elevation of the foot
  - Dependent rubor (dusky/bluish/cyanotic)
  - Delayed capillary refill (> 3-4 sec)

    To check capillary refill, press your finger against the tip of the individual’s toe until the skin blanches, then release pressure. If the color takes longer than 3-4 seconds to return, it considered delayed.

Edematous skin is evidence of poor venous return. The presence of weeping edema increases the risk for infection and ulceration.

- Palpate the dorsalis pedis and posterior tibial pulses.

- Ask if there is any leg muscle pain or fatigue on walking that is relieved by rest (intermittent claudication)

- Document all vascular findings by circling R (Right) or L (Left).

- Draw and label findings on foot diagrams provided.

If signs and symptoms of vascular disease are present, refer to a foot specialist for advanced assessment, diagnostic testing, (e.g., Ankle-Brachial Index), and treatment²³⁴. (See Referral Algorithm - Appendix B.)
4. Sensation

Peripheral neuropathy with loss of protective sensation is associated with an increased risk of amputation. To screen for the presence or absence of neuropathy in the diabetic foot, DCPNS recommends the use of the 10-g Semmes-Weinstein 5.07 monofilament.\(^1,2,5,6\) Choose either the four-site or the ten-site test.

**Four-site**

1. Plantar surface of the great toe
2. Base of the first metatarsal head
3. Base of the third metatarsal head
4. Base of the fifth metatarsal head

**Ten-site**

1. Plantar surface of the great toe
2. Plantar surface of the third toe
3. Plantar surface of the fifth toe
4. Base of the first metatarsal head
5. Base of the third metatarsal head
6. Base of the fifth metatarsal head
7. The heel
8. Lateral aspect of the foot arch
9. Medial aspect of the foot arch
10. Dorsal surface of the foot at the pedis dorsalis.

Use the 10-g Semmes-Weinstein 5.07 monofilament to assess diminished or absent nerve sensation. (See *Performing the Monofilament Test* - Appendix C.)

- Document findings on the foot diagram “circles” using the key provided:
  (+ = sensation present       - = sensation absent       ⇣ = sensation diminished)

- Refer to foot specialist as indicated (see Referral Algorithm - Appendix B).
Painful Diabetic Neuropathy
Painful diabetic neuropathy (PDN) is estimated to affect 20-24% of individuals living with diabetes. Although newer, more effective treatments are becoming available, PDN is often difficult to manage and can profoundly diminish quality of life.5

- Assess for PDN by listening for the following descriptors of neuropathic pain:8
  - Burning
  - Painful cold
  - Electric shocks
  - Tingling
  - Pins and Needles
  - Numbness
  - Itching
- Document findings.
- Refer to foot specialist as indicated (see Referral Algorithm - Appendix B).

5. Mobility

Impaired joint movement or lack of shock absorption can lead to callus buildup and abnormal pressure points. This can result in skin breakdown, infection, and ulceration.2

- Check ROM (range of motion) of toes and ankles by passively moving the ankle, the metatarsal joints, and the phalangeal joints through their normal ranges of motion.
  - And /Or
- Instruct the client to actively:
  - Rotate the ankle in a clockwise and then counter clockwise circle
  - Flex the foot toward the shin (dorsiflexion), and then point the foot toward the floor (plantar flexion)
  - Flex the great toe upward (dorsiflexion), and then downward (plantar flexion)
- Observe for any pain, weakness, or restriction on movement.
- Document findings by circling R (Right) or L (Left).
- Document findings on the foot diagrams provided or use comment section to describe.
Gait Assessment
Abnormalities in gait and balance can lead to problems that negatively impact the diabetic foot. During the basic assessment of the diabetic foot look for the more obvious gait abnormalities. Such findings may indicate referral for a more advanced assessment of gait by a specialist.

- Observe the client’s gait as they walk into the room.
- Look for obvious abnormalities such as:
  - Requiring assistance to ambulate (cane, walker, person, etc.)
  - Unsteadiness (staggering, wide-based steps)
  - Bending forward when ambulating (with elbows, hips, knees slightly flexed)
  - Dragging the feet (or one foot) or taking abnormally high steps
  - Exhibiting a “waddling” or “rolling” gait?
- Document findings
- Refer to a specialist as indicated (see Referral Algorithm - Appendix B).

NOTE: If the “other” section is completed under any of the above components (skin, structure, vascular, sensation, mobility) use clinical judgment to assign the most appropriate category of risk.

No Problems Noted
- Check the box if the basic foot assessment reveals no abnormal findings.
- “No problems noted,” indicates a Low Risk rating.
- Provide the individual with the educational handout The Low Risk Diabetic Foot (Appendix D).
- Arrange for reassessment in one year (see Referral Algorithm - Appendix B).

Foot Care/ Foot Wear
Poor foot hygiene, inability to perform self-care and routine inspection of the feet and inappropriate footwear are common contributors to diabetic foot problems. Healthcare professionals play a key role as client advocates ensuring client accessibility to proper foot care and foot wear.1,2,4,5

- Inspect the feet for signs of poor foot hygiene (dirty, long, or poorly shaped nails).
- Ask if foot care assistance is required for hygiene and for performing daily foot inspections.
- If assistance is required, find out why (poor vision, mobility, etc.).
- Discuss/arrange assistance for foot care if indicated (family/friend, foot care nurse, etc.).
- Inspect footwear.
  - Are shoes too tight?
  - Do they accommodate foot deformities?
  - Are they worn out?
  - Are there any rough seams, foreign objects?
  - Are there abnormal wear patterns?
- Inspect socks for any signs of blood or other discharge.
- Document findings by checking the boxes provided. Circle findings if listed in italics, or document in “comment” section.
- Arrange referral to appropriate footwear specialist (pedorthist, orthotist, podiatrist, etc.) as indicated (see Referral Algorithm - Appendix B).
Foot Care Education
Individuals with diabetes are often unaware of the problems associated with the diabetic foot. Foot care education should be offered at the time of diagnosis and routinely reinforced.

• Ensure completion of the Foot Care Questionnaire if this is an initial foot assessment (see Diabetes Foot Care Questionnaire - Appendix E)
• Assess need for foot care education or foot care review and discuss options:
  – Foot care education session (individual/group class/module)
  – Foot care educational handouts (see Foot Risk Information Sheets - Appendix D; A Patient Foot Care Path - Appendix F; and the CDA Foot Care Pamphlet, etc.
• Document findings by checking boxes provided.

Foot Care Referral
• Check the boxes provided to indicate referral to a foot care specialist.
• Use the “other” section to indicate referral to a specialist that is not listed.

NOTE: Authorization for sending referrals may be limited in some Diabetes Centres. In such instances, referral can be initially made to the family physician who in turn may arrange referral to a specific foot care specialist (e.g., neurologist, vascular surgeon, dermatologist, etc.). Describe your request/recommendation for such a referral in the comment section.

Risk Category
Assigning a category of risk is critical in determining the best and most timely intervention required to prevent or halt potential or real complications of the diabetic foot.

• As stated above, each potential finding listed under the Foot Assessment components (skin, structure, vascular, sensation, mobility) has an assigned risk rating.
• A traffic sign design has been featured to allow for easy identification of risk.
• If more than one finding is present in any category, or combination of categories, assign the highest category of risk.
• Clinical judgment is advised for complex findings. (There may be situations when two or more moderate risk findings may indicate a high-risk rating).

Example:

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>+</th>
<th>Low Risk</th>
<th>=</th>
<th>Low Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>+</td>
<td>Moderate Risk</td>
<td>=</td>
<td>Moderate Risk</td>
</tr>
<tr>
<td>Low Risk</td>
<td>+</td>
<td>High Risk</td>
<td>=</td>
<td>High Risk</td>
</tr>
<tr>
<td>Moderate Risk</td>
<td>+</td>
<td>High Risk</td>
<td>=</td>
<td>High Risk</td>
</tr>
</tbody>
</table>

(See Foot Risk Stratification Form - Appendix G)
Upon completion of the Diabetes Foot Risk Assessment Form:

- Ensure the form contains complete and accurate client identifiers.
- Enter signature and date in the space provided at the bottom of the form.
- File the completed form in the client’s medical record.
- Provide the client with dates for recommended follow-up and foot care education.
- Follow through with any recommended referrals (be sure to include copies of the completed assessment form).
- Document the foot assessment on the DCPNS Flow Sheet and in the DCPNS Registry.
REFERENCES


APPENDICIES
# APPENDIX A

## The Diabetic Foot Risk Assessment

Complete during initial assessment and at follow-up visits as indicated.

### SKIN/NAILS
- **Dry** R L
- **Sweaty** R L
- **Maceration** R L
- **Fissure/cracks** R L
- **Corn** R L
- **Blister** R L
- **Callus** R L
- **Temp.** R L
- **Skin breakdown** R L
- **Ulcer** R L
- **Thickened nails** R L
- **Discolored nails** R L
- **Deformed nails** R L
- **Ingrown nails** R L
- **Other**

### STRUCTURE
- **Hammer toes** R L
- **Claw toes** R L
- **Overlapping digits** R L
- **Bunion** R L
- **Arach deformity** R L
- **Amputation**
- **Other**

### VASCULAR
- **Shiny skin** R L
- **Hair Loss** R L
- **Edema** R L
- **Edema (weeping)** R L
- **Cold skin** R L
- **Cap. refill > 3-4 sec** R L
- **Absent dorsalis pedis** R L
- **Absent posterior tibial** R L
- **Other**

### SENSATION
- **Diminished** R L
- **Absent** R L
- **Painful neuropathy**

### MOBILITY
- **ROM:**
- **toes** R L
- **ankle** R L
- **Gait abnormality (describe)**
- **Other**

### FOOT CARE/FOOTWEAR
- Poor foot hygiene (includes long or poorly shaped nails)
- Needs assistance with foot care (poor vision, mobility)
- Inappropriate footwear (poor style, condition, or fit)
- **No Problems Noted**

### FOOT CARE EDUCATION
- Foot Care Questionnaire Completed
- Foot Care Education
- Foot Care Review
- Foot Risk Information Sheet Provided

### FOOT CARE REFERRAL
- Family Physician
- Orthotist
- Foot Clinic
- Podiatrist
- Wound Care/Vascular Service

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10-g Semmes-Weinstein 5.07 Monofilament Test:
- + = sensation present
- - = sensation absent
- \_ = sensation diminished

10-g Semmes-Weinstein 5.07 Monofilament Test:
- + = sensation present
- - = sensation absent
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<table>
<thead>
<tr>
<th>Diabetic Foot Risk Assessment</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKIN/NAILS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRUCTURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VASCULAR</td>
<td></td>
<td></td>
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<tr>
<td>SENSATION</td>
<td></td>
<td></td>
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<tr>
<td>MOBILITY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### RISK CATEGORY
- **Low (Green)**, assess in 1 year
- **Moderate (Amber)**, assess in 4 to 6 months
- **High (Red)**, assess in 1-4 months

### Comments:

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Signature: ___________________________ Date: ___________________________
APPENDIX B

Referral Algorithm

The Diabetic Foot in Nova Scotia

Referral Algorithm

LOW RISK

• Provide Low Risk Diabetes Foot Information Sheet
• Provide Patient Foot Care Path

MODERATE RISK

• Provide Moderate Risk Diabetes Foot Information Sheet
• Provide Patient Foot Care Path

HIGH RISK

• Provide High Risk Diabetes Foot Information Sheet
• Provide Patient Foot Care Path

Foot Care Management and Follow Up by:

- GP
- Diabetes Educator
- Dietitian
- Diabetes Nurse

Foot Assessment:

- Annually
- Every 4 to 6 months (or as assessed by above)
- Every 1 to 4 months

Skin Breakdown or Active Ulcer:

• Refer within 24 hours
• Refer to Foot Specialist/Team

Strategies to Prevent Diabetic Foot Problems

- Promote daily foot inspections (self/caregiver).
- Reinforce the importance of optimal diabetes management.
- Provide proper foot care/foot wear education.
- Perform routine foot risk assessment (health professional).
- Encourage smoking cessation.

Findings

- Skin Abnormalities
- Structural
- Vascular Problems
- Loss of Protective Sensation

Refer to Foot Specialist/Team

(Referral for advanced assessment and management should be arranged within 1 to 2 weeks)

Foot Assessment

- Every 1 to 4 months
- Every 1 to 4 weeks
- Every 1 to 2 weeks

Diabetes Care Program of Nova Scotia 2009
APPENDIX C

Performing the Monofilament Test

- Provide a quiet and relaxed setting.
- Tell the patient what you are doing.
- Test the monofilament on the patient’s hand so he/she knows what to anticipate.
- Have the patient look away or close his/her eyes.
- Apply the monofilament perpendicular to the skin’s surface applying sufficient force to bend it to a C-shape.
- Use a smooth not a “jabbing” motion, and do not allow the filament to slide over the skin.
- Avoid any ulcers, calluses, sores, or scars.
- Hold the filament in place for approximately 1.5 seconds, and then gently remove.
- Randomize the order and timing of the successive tests.
- Ask the patient to respond “yes” when the filament is felt.
- Revisit any sites where the patient did not respond to touch to ensure loss of sensation.
- Share the results of the test with the patient. This may provide a “teachable moment” or simply reinforce the concept of self-care.

NOTE: The feet may be falsely insensate when cold or edematous

Caring for the Monofilament

- Store in a safe place to avoid damage to the monofilament.
- Replace the monofilament if bowed, kinked, or twisted.
- After being used to test 10 patients, allow the monofilament to recover by letting it “rest” for 24 hours.
APPENDIX D

The LOW RISK Diabetic Foot

It is important for you to take exceptionally good care of your feet. Diabetes is a life-long disease that over time can cause damage to nerves and blood vessels leading to loss of feeling and decreased circulation in your feet.

You have been given this High Risk information sheet because your foot assessment shows that you have at least one of the following:

- Skin Breakdown (open cracks, sores, infection)
- Ulcer (Active)
- Ulcer (Past)
- Amputation
- Other

How to Care for the “High Risk” Diabetic Foot

- Control your blood glucose.
- Do not smoke!
- Have your healthcare provider examine your feet at least every 3 to 4 months; more frequently (every 1 to 4 weeks) if you are receiving treatment for open cracks, sores, infection, or ulcers.
- Check your feet every day. This is more important than ever if you have lost feeling in your feet. Watch for any blisters or sores because you may not feel them! Look at the tops and bottoms of both feet. You may need to use a mirror. Check between the toes. If you are unable, have someone examine your feet for you.
APPENDIX E

Diabetes Foot Care Questionnaire

Name:

Taking care of your feet is an important part of diabetes care. Please answer the following questions about your feet and how you care for them. Please return the completed form to the Diabetes Centre.

History of Foot Problems

- Have you ever had a sore or cut on your foot or leg that took more than two weeks to heal? □ Yes □ No
- Have you ever had a foot ulcer? □ Yes □ No
- Have you ever had amputation of a toe, foot, or leg? □ Yes □ No
  (If yes, date: ___/___/____)

Current Foot or Leg Problems

- Do you have an ulcer, sore, or blister on your feet at this time? □ Yes □ No
- Do you have blood or discharge on your socks? □ Yes □ No
- Do you have any calluses on your feet? □ Yes □ No
- Do you have any numbness, tingling, pins and needles, or itching sensation in your feet? □ Yes □ No
- Do you have any tightness, heaviness, pain, or cramps in your feet or legs? □ Yes □ No

Foot Care

- Can you reach and see the bottoms of your feet? □ Yes □ No
- Do you examine your feet? (If yes, how often?) □ Yes □ No
  □ Every day □ 2-6 times a week □ Once a week or less □ When I have a problem
- Do you wash your feet everyday? □ Yes □ No
- Do you dry well between the toes? □ Yes □ No
- Do you use a moisturizing cream on your feet? □ Yes □ No
- Do you cut your own toenails? (If no, who does this for you?) □ Yes □ No
  □ Family member □ Caregiver □ Foot care nurse □ Podiatrist

Foot Care Education

- Do you always inspect your shoes for foreign objects or torn linings? □ Yes □ No
- Do you use a hot water bottle or heating pad on your feet? □ Yes □ No
- Do you sit with your legs crossed? □ Yes □ No
- Do you smoke? □ Yes □ No

Thank you for completing this questionnaire!
Meet The Foot Care “Specialists”

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropodist</td>
<td>Specializes in the treatment and prevention of diseases or disorders of the foot.</td>
</tr>
<tr>
<td>Dermatologist</td>
<td>A physician who specializes in the diagnosis, treatment, and management of skin disorders.</td>
</tr>
<tr>
<td>Foot Care Nurse</td>
<td>Carries out foot assessments and upon completion of foot care courses offers basic or advanced foot care in the hospital, institutions, and home.</td>
</tr>
<tr>
<td>Neurologist</td>
<td>A physician who specializes in the diagnosis and treatment of disorders of the nervous system (including the nerves in the legs and feet).</td>
</tr>
<tr>
<td>Podiatrician</td>
<td>Carries out assessments to fit and modify footwear.</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>Has a degree in Podiatry Medicine and specializes in the diagnosis and medical or surgical treatment of foot diseases and injuries.</td>
</tr>
<tr>
<td>Vascular Surgeon</td>
<td>A physician who specializes in diseases involving veins and arteries. Performs tests to determine blood flow and surgery to restore blood flow.</td>
</tr>
<tr>
<td>Wound Care Nurse</td>
<td>A nurse who receives specialty training in managing and treating wounds, ulcers, and infections.</td>
</tr>
</tbody>
</table>

My Foot Care Provider Contact Numbers

- Diabetes Educator:
- Family Doctor:
- Foot Care Nurse:
- Podiatrist:
- Pedorthist:
- Chiropodist:
- Wound Care Nurse:
- Vascular Surgeon:
- Neurologist:
- Dermatologist:
- Pharmacist:

The Diabetic Foot
In Nova Scotia

A Patient Foot Care Path

- Use the key below to check out who pays for the service.

<table>
<thead>
<tr>
<th>Foot Problem</th>
<th>When to Seek Help</th>
<th>Who Can Help</th>
<th>Who Pays?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKIN</td>
<td>• Dry, cracked soles and heels&lt;br&gt;• Broken skin between the toes&lt;br&gt;• Blisters, corns, callouses&lt;br&gt;• Open sores that won’t heal</td>
<td>Family Physician*&lt;br&gt;Foot Care Nurse**&lt;br&gt;Podiatrist***&lt;br&gt;Wound Care Nurse**&lt;br&gt;Dermatologist*&lt;br&gt;Pedorthist**</td>
<td>*MSI (Nova Scotia Health Coverage)</td>
</tr>
<tr>
<td>NAILS</td>
<td>• Ingrown&lt;br&gt;• Thickened&lt;br&gt;• Deformed&lt;br&gt;• Discolored</td>
<td>Family Physician*&lt;br&gt;Foot Care Nurse**&lt;br&gt;Podiatrist***&lt;br&gt;Pedorthist**</td>
<td>**Private Insurance (Blue Cross, Sun Life, etc.)</td>
</tr>
<tr>
<td>SHAPE</td>
<td>• Noticeable change in shape of feet or toes</td>
<td>Family Physician*&lt;br&gt;Foot Care Nurse**&lt;br&gt;Podiatrist***&lt;br&gt;Pedorthist**</td>
<td>+ Referral Required</td>
</tr>
<tr>
<td>CIRCULATION</td>
<td>• Change in foot colour&lt;br&gt;• Change in foot temperature&lt;br&gt;• Swollen, puffy feet</td>
<td>Family Physician*&lt;br&gt;Foot Care Nurse**&lt;br&gt;Podiatrist***&lt;br&gt;Vascular Surgeon*&lt;br&gt;Pedorthist**</td>
<td>+ Referral Required</td>
</tr>
<tr>
<td>SENSATION</td>
<td>• Loss of feeling in feet/mobility&lt;br&gt;• Tingling, “Pins and Needles”&lt;br&gt;• Pain in feet</td>
<td>Family Physician*&lt;br&gt;Foot Care Nurse**&lt;br&gt;Podiatrist***&lt;br&gt;Neurologist*&lt;br&gt;Pedorthist**</td>
<td>+ Referral Required</td>
</tr>
<tr>
<td>FOOT CARE</td>
<td>• Unable to reach or see your feet to inspect or care for them</td>
<td>Family/Friend/Caregiver&lt;br&gt;Foot Care Nurse**&lt;br&gt;Podiatrist***&lt;br&gt;Pedorthist**&lt;br&gt;Pedorthist***</td>
<td>Ask your health care provider if your Health District provides free foot-care service.</td>
</tr>
<tr>
<td>FOOTWEAR</td>
<td>• Uncomfortable, non-supportive, or poorly fitting footwear</td>
<td>Pedorthist**&lt;br&gt;Pedorthist***&lt;br&gt;Orthotist***</td>
<td>+ Referral Required</td>
</tr>
</tbody>
</table>

NOTE: Diabetes Educators usually do not treat foot problems; however, they can provide advice and direct you to the appropriate foot care provider.
The Diabetic Foot in Nova Scotia: Foot Risk Stratification

Normal findings:
- No Skin Abnormality
- No Structural Deformity (nails, toes, foot)
- No Vascular Problems
- Protective Sensation intact

Any one or combination of the following:
- Skin Abnormality (skin barrier intact)
- Structural Deformity (nails, toes, foot)
- Limited Mobility (4 ROM toes, ankle)
- Loss of Protective Sensation
  - Vascular Problems (absent pulses, cold skin, cyanosis/pallor)

Any of the following:
- Skin Breakdown (skin barrier not intact)
- Ulcer (Past or Present)
- Amputation

LOW RISK
MODERATE RISK
HIGH RISK