



## Diabetic Foot Exam

### Pre-Referral Considerations:

1. Annual history and physical exam is recommended. The exam includes skin, musculoskeletal, pulses and neurologic checks with at least monofilament and Achilles reflexes. An individual with a loss of protective sensation (LOPS) an exam every 6 months is recommended.
  - A. Diabetic Foot Risk
    - Low Risk-Primary care providers (PCP) follows
      - Normal pulse
      - No neuropathy
      - No deformities
    - Moderate Risk-(Podiatry referral suggested)
      - Normal pulse
      - Peripheral neuropathy
      - Callous and/or foot deformity/ies
    - High Risk- (ideally podiatry and vascular following regularly)
      - Peripheral artery Disease (PAD)/no pulses
      - Peripheral neuropathy
      - Callous and/or foot deformity/ies
      - Prior ulcer or amputation

### Red Flags:

1. Neurovascular compromise

### Imaging Studies

1. Consider ABI if unable to appreciate pulses

### What to Avoid Ordering:

1. Routine X-rays or yearly ABI unless symptoms change

### Comments:

1. Podiatry referral may include any or all of the following:
  - A. Therapeutic shoe gear and insoles, diabetic foot care, surgery if needed for deformity correction.
  - B. Frequency of Podiatric follow-up to be determined per individual risk
  - C. Vascular referral for Peripheral artery Disease (PAD) testing and management