

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 minutes



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 three weeks to heal?
- Smoking or nicotine use
- Diabetes? (If yes, what are the patient’s current control measures?)

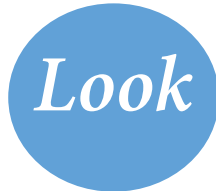
DOES THE PATIENT HAVE:

- 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 minutes



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 minutes



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
- Signs of active Charcot deformity
- Vascular compromise
- Chronic venous insufficiency

REFER TO SPECIALIST TIMELY FOR

- Peripheral artery disease
- Presence of swelling or edema
- Loss of protective sensation (LOPS)
- Chronic venous insufficiency