

Foot Care and the Diabetic Patient

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Prevention!!!





Risk Assessment

Diabetes Foot Screen

Name (Last, First, MI) _____ Date: ____/____/____

Fill in the following blanks with a "Y" or "N" to indicate findings in the right or left foot.

	R	L
Is there a history of a foot ulcer?	_____	_____
Is there a foot ulcer now?	_____	_____
Is there a claw toe deformity?	_____	_____
Is there swelling or an abnormal foot shape?	_____	_____
Is there elevated skin temperature?	_____	_____
Is there limited ankle dorsiflexion?	_____	_____
Are the toenails long, thick or ingrown?	_____	_____
Is there heavy callous build-up?	_____	_____
Is there foot or ankle muscle weakness?	_____	_____
Is there an absent pedal pulse?	_____	_____
Can the patient see the bottom of their feet?	_____	_____
Are the shoes appropriate in style and fit?	_____	_____

Note the level of sensation in the circles:

+ = Can feel the 5.07 filament — = Can't feel the 5.07 filament

LEFT

RIGHT

Skin Conditions on the Foot or Between the Toes:

Draw in: Callous , Pre-ulcer , Ulcer (note length and width in cm)

Label with: R - redness, M - maceration, D - dryness, T - Tinea

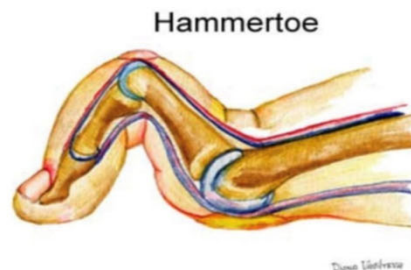
RISK CATEGORY:

___ 0 No loss of protective sensation.

___ 1 Loss of protective sensation

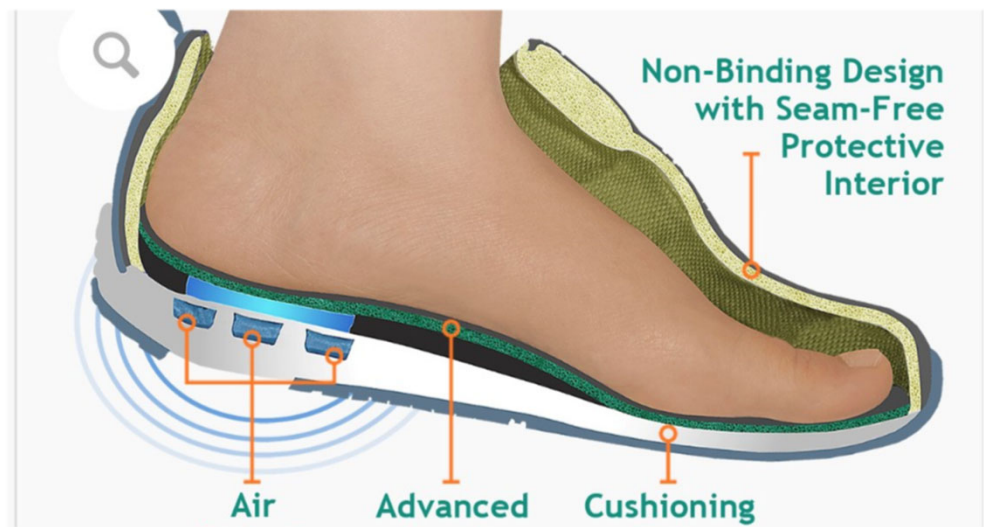
___ 2 Loss of protective sensation with either high pressure (callous/deformity), or poor circulation.

___ 3 History of plantar ulceration, neuropathic fracture (Charcot foot) or amputation.



Diabetic Foot Assessment

- Accommodative Shoe gear – depth-inlay shoe gear
- Orthotic Insoles – offloading pressure points
- Padding – pressure reduction
- Stretching – improve range of motion
- Shoe Gear Modification - evaluation
- Surgical Intervention – to reduce digital deformities





Toe & Forefoot Amputations



The Wagner Diabetic Foot Ulcer Grade Classification System

The Wagner diabetic foot ulcer classification system assesses ulcer depth and the presence of osteomyelitis or gangrene by using the following grades:

- Grade 0 – intact Skin
- Grade 1 – superficial ulcer of skin or subcutaneous tissue
- Grade 2 – ulcers extend into tendon, bone, or capsule
- Grade 3 – deep ulcer with osteomyelitis, or abscess
- Grade 4 – partial foot gangrene
- Grade 5 – whole foot gangrene

Note: While the wound shown in the above image may appear to be a grade 3 ulcer, upon assessment no abscess or osteomyelitis was found. Beneath the superficial necrotic tissue was exposed tendon.

The University of Texas Diabetic Foot Ulcer Classification System

The University of Texas system grades diabetic foot ulcers by depth and then stages them by the presence or absence of infection and ischemia:

- Grade 0 – pre-or postulcerative site that has healed
- Grade 1 – superficial wound not involving tendon, capsule, or bone
- Grade 2 – wound penetrating to tendon or capsule
- Grade 3 – wound penetrating bone or joint

Within each wound grade there are four stages:

- Stage A – clean wounds
- Stage B – non-ischemic infected wounds
- Stage C – ischemic noninfected wounds
- Stage D – ischemic infected wounds

A comparison of two diabetic foot ulcer classification systems: the Wagner and the University of Texas wound classification systems

S O Oyibo et al. Diabetes Care. 2001 Jan.

Show details



Full text links

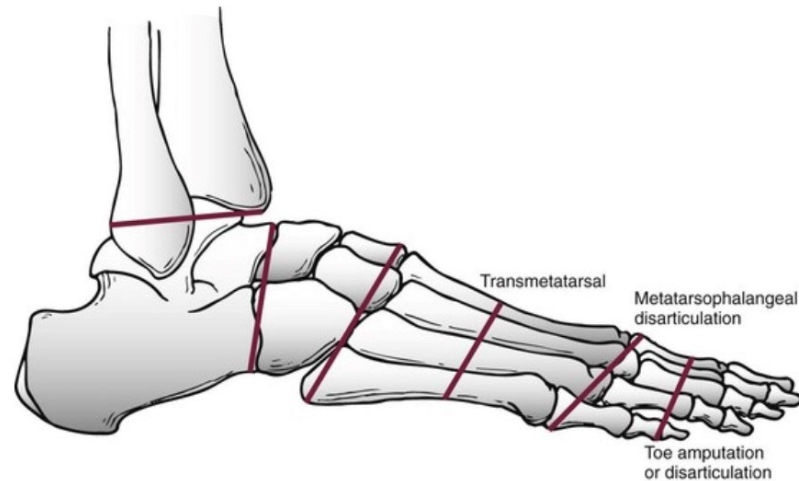
Cite

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Abstract

Objective: In this study the following two ulcer classification systems were applied to new foot ulcers to compare them as predictors of outcome: the Wagner (grade) and the University of Texas (LT) (grade and stage) wound classification systems.

Research design and methods: Ulcer size, appearance, clinical evidence of infection, ischemia, and neuropathy at presentation were recorded, and patients were followed up until healing or for 6 months.



Conclusions: Increasing stage, regardless of grade, is associated with increased risk of amputation and prolonged ulcer healing time. The UT system's inclusion of stage makes it a better predictor of outcome.



The Risk of Subsequent Amputation Following An Initial Lower Extremity Amputation: A Systematic Review

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Comparative Study

Fate of the contralateral limb after lower extremity amputation

Julia D Glaser et al. J Vasc Surg. 2013 Dec.

[Free PMC article](#)

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Abstract

Objective: Lower extremity amputation is often performed in patients where both lower extremities are at risk due to peripheral arterial disease or diabetes, yet the proportion of patients who progress to amputation of their contralateral limb is not well defined. We sought to determine the rate of subsequent amputation on both the ipsilateral and contralateral lower extremities following initial amputation.

Risk of reamputation in diabetic patients stratified by limb and level of amputation: a 10-year observation.

Diabetes Care. 2006; 29(3):566-70 (ISSN: 0149-5992)

Izumi Y; Satterfield K; Lee S; Harkless LB



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Questions?