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BASIC LOWER LIMB ASSESSMENT FLOW SHEET

Parameter	Right Lower Limb	Left Lower Limb
Missing Limbs or Digits	☐ Leg above knee ☐ Leg below knee ☐ Foot partial ☐ Foot all ☐ Great toe ☐ Second toe ☐ Third toe ☐ Fourth toe ☐ Fifth toe ☐ No amputations	☐ Leg above knee ☐ Leg below knee ☐ Foot partial ☐ Foot all ☐ Great toe ☐ Second toe ☐ Third toe ☐ Fourth toe ☐ Fifth toe ☐ No amputations
Skin Colour	Lower Leg: ☐ Pale ☐ Flesh tone ☐ Red ☐ Bluish/Purple ☐ Black	Lower Leg: ☐ Pale ☐ Flesh tone ☐ Red ☐ Bluish/Purple ☐ Black
	Foot: ☐ Pale ☐ Flesh tone ☐ Red ☐ Bluish/Purple ☐ Black	Foot: ☐ Pale ☐ Flesh tone ☐ Red ☐ Bluish/Purple ☐ Black
	Toes: ☐ Pale ☐ Flesh tone ☐ Red ☐ Bluish/Purple ☐ Black	Toes: ☐ Pale ☐ Flesh tone ☐ Red ☐ Bluish/Purple ☐ Black
Skin Warmth	Lower Leg: ☐ Hot ☐ Warm ☐ Cool ☐ Cold	Lower Leg: ☐ Hot ☐ Warm ☐ Cool ☐ Cold
	Foot: ☐ Hot ☐ Warm ☐ Cool ☐ Cold	Foot: ☐ Hot ☐ Warm ☐ Cool ☐ Cold
	Toes: ☐ Hot ☐ Warm ☐ Cool ☐ Cold	Toes: ☐ Hot ☐ Warm ☐ Cool ☐ Cold
Circulation Pulses by Palpation	Dorsalis Pedis: ☐ Present ☐ Diminished ☐ Not palpable	Dorsalis Pedis: ☐ Present ☐ Diminished ☐ Not palpable
	Posterior Tibial: ☐ Present ☐ Diminished ☐ Not palpable	Posterior Tibial: ☐ Present ☐ Diminished ☐ Not palpable
Capillary Refill	3 seconds or less ☐ Yes ☐ No	3 seconds or less ☐ Yes ☐ No
Comments	☐ See Progress Notes	

Parameter	Right Lower Limb	Left Lower Limb
Range of Motion	Knee (Active): ☐ Normal ☐ Decreased Knee (Passive): ☐ Normal ☐ Decreased Ankle (Active): ☐ Normal ☐ Decreased Ankle (Passive): ☐ Normal ☐ Decreased Great Toe (Active): ☐ Normal ☐ Decreased Great Toe (Passive): ☐ Normal ☐ Decreased	Knee (Active): ☐ Normal ☐ Decreased Knee (Passive): ☐ Normal ☐ Decreased Ankle (Active): ☐ Normal ☐ Decreased Ankle (Passive): ☐ Normal ☐ Decreased Great Toe (Active): ☐ Normal ☐ Decreased Great Toe (Passive): ☐ Normal ☐ Decreased
Edema Location	☐ Foot ☐ Up to ankle ☐ Up to midcalf ☐ Up to knee ☐ Up to groin ☐ No visible edema	☐ Foot ☐ Up to ankle ☐ Up to midcalf ☐ Up to knee ☐ Up to groin ☐ No visible edema
Severity	☐ +1 Trace 2 mm pitting ☐ +2 Moderate 4 mm pitting ☐ +3 Deep 6 mm pitting ☐ +4 Very deep 8 mm pitting ☐ Non-pitting ☐ None noted	☐ +1 Trace 2 mm pitting ☐ +2 Moderate 4 mm pitting ☐ +3 Deep 6 mm pitting ☐ +4 Very deep 8 mm pitting ☐ Non-pitting ☐ None noted
Sleep Position		
Circumference Measurements	10 cm up from heel: _____ cm 30 cm up from heel: _____ cm	10 cm up from heel: _____ cm 30 cm up from heel: _____ cm
Skin Assessment	☐ Dry/flaky ☐ Itchy ☐ Rash present ☐ Fragile ☐ Weepy ☐ Shiny ☐ Hairless ☐ Mottled ☐ Moist/waxy ☐ Inflammation ☐ Healed wound/scar ☐ Blister(s) present ☐ Wound(s) present ☐ None of the above	☐ Dry/flaky ☐ Itchy ☐ Rash present ☐ Fragile ☐ Weepy ☐ Shiny ☐ Hairless ☐ Mottled ☐ Moist/waxy ☐ Inflammation ☐ Healed wound/scar ☐ Blister(s) present ☐ Wound(s) present ☐ None of the above
Sensation Assessment	☐ Numbness ☐ Burning ☐ Tingling ☐ Crawling ☐ Intermittent ☐ Continuous ☐ None of the above	☐ Numbness ☐ Burning ☐ Tingling ☐ Crawling ☐ Intermittent ☐ Continuous ☐ None of the above
Pain Assessment	☐ Ache ☐ Knife-like ☐ Intermittent ☐ Continuous ☐ Non-verbal response ☐ No pain	☐ Ache ☐ Knife-like ☐ Intermittent ☐ Continuous ☐ Non-verbal response ☐ No pain

Date (dd/mm/yyyy)	Time	Signature	Printed Name
/ /			

Form developed in collaboration with Fraser Health, Northern Health, Provincial Health Services, Vancouver Island Health, Vancouver Coastal Health & Interior Health

826502 Aug 29-14

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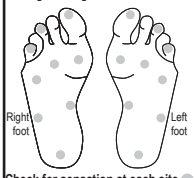
ADVANCED LOWER LIMB ASSESSMENT FLOW SHEET

Parameter	Right Lower Limb	Left Lower Limb
Doppler: Dorsal Pedis	☐ Present ☐ Diminished ☐ Not audible ☐ Triphasic ☐ Biphasic ☐ Monophasic	☐ Present ☐ Diminished ☐ Not audible ☐ Triphasic ☐ Biphasic ☐ Monophasic
Doppler: Posterior Tibial	☐ Present ☐ Diminished ☐ Not audible ☐ Triphasic ☐ Biphasic ☐ Monophasic	☐ Present ☐ Diminished ☐ Not audible ☐ Triphasic ☐ Biphasic ☐ Monophasic
Ankle Brachial Index	Dorsal Pedis Pressure _____ Posterior Tibial Pressure _____ Brachial Pressure _____ Peroneal Pressure _____ ABI Score _____ ☐ Unable to compress arteries	Dorsal Pedis Pressure _____ Posterior Tibial Pressure _____ Brachial Pressure _____ Peroneal Pressure _____ ABI Score _____ ☐ Unable to compress arteries
Toe Brachial Pressure Index	Toe Pressure: _____ Brachial Pressure: _____ TBI Score: _____	Toe Pressure: _____ Brachial Pressure: _____ TBI Score: _____
Monofilament Testing 10 Site Sensation Testing using a 5.07 gram monofilament  Check for sensation at each site And also on the dorsum of *each* foot.	☐ 1st Digit ☐ 3rd Digit ☐ 5th Digit ☐ 1st MTH ☐ 3rd MTH ☐ 5th MTH ☐ Medial ☐ Lateral ☐ Heel ☐ Dorsum ____ / ____ **Score**	☐ 1st Digit ☐ 3rd Digit ☐ 5th Digit ☐ 1st MTH ☐ 3rd MTH ☐ 5th MTH ☐ Medial ☐ Lateral ☐ Heel ☐ Dorsum ____ / ____ **Score**
Positive Stemmer's Sign	Present: ☐ Yes ☐ No	Present: ☐ Yes ☐ No
Limb Shape	☐ Champagne-bottle shaped leg ☐ Wasted calf muscle ☐ None of the above	☐ Champagne-bottle shaped leg ☐ Wasted calf muscle ☐ None of the above

Parameter	Right Lower Limb	Left Lower Limb
Foot Assessment	☐ Bunion(s) ☐ Callus(s) ☐ Corn(s) ☐ Planter's wart(s) ☐ Dropped metatarsal head(s) ☐ Hammertoe(s) ☐ Crossed toes ☐ Fissures ☐ Cracks between toes ☐ Abnormal skin dryness ☐ Acute Charcot presentation ☐ Chronic Charcot presentation ☐ None of the above	☐ Bunion(s) ☐ Callus(s) ☐ Corn(s) ☐ Planter's wart(s) ☐ Dropped metatarsal head(s) ☐ Hammertoe(s) ☐ Crossed toes ☐ Fissures ☐ Cracks between toes ☐ Abnormal skin dryness ☐ Acute Charcot presentation ☐ Chronic Charcot presentation ☐ None of the above
Toe Nail Assessment	☐ Incorrect length–short ☐ Incorrect length–long ☐ Ingrown ☐ Involuted ☐ Thickened ☐ Ram's Horn formation ☐ Discoloured ☐ Thin ☐ Ridged ☐ Brittle ☐ Fungal infection ☐ None of the above	☐ Incorrect length–short ☐ Incorrect length–long ☐ Ingrown ☐ Involuted ☐ Thickened ☐ Ram's Horn formation ☐ Discoloured ☐ Thin ☐ Ridged ☐ Brittle ☐ Fungal infection ☐ None of the above
Skin Assessment – Advanced (see Basic Assessment: Skin for additional information)	☐ Blanching on elevation ☐ Dependent rubor ☐ Hemosiderin staining ☐ Woody fibrosis ☐ Venous dermatitis ☐ Atrophie blanche ☐ Contact dermatitis/pruritis ☐ Ankle flare ☐ Varicosities ☐ Hyperkeratosis ☐ Papillomatosis ☐ None of the above	☐ Blanching on elevation ☐ Dependent rubor ☐ Hemosiderin staining ☐ Woody fibrosis ☐ Venous dermatitis ☐ Atrophie blanche ☐ Contact dermatitis/pruritis ☐ Ankle flare ☐ Varicosities ☐ Hyperkeratosis ☐ Papillomatosis ☐ None of the above
Pain Assessment – Advanced (see Basic Assessment: Pain for additional information)	☐ With deep palpation ☐ Relieved with elevation ☐ Relieved with rest ☐ Relieved with dependent position ☐ Intermittent claudication ☐ Pain at night ☐ No pain	☐ With deep palpation ☐ Relieved with elevation ☐ Relieved with rest ☐ Relieved with dependent position ☐ Intermittent claudication ☐ Pain at night ☐ No pain

Comments ☐ See Progress Notes

Date (dd/mm/yyyy)	Time	Signature	Printed Name
/ /			

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