

# High Risk Foot & Nail Assessment & Management Plan

Client Information

## Assessment – Foot

Skin/Nail Integrity	Right	Left	Right	Left
<b>Foot</b>  For edema; circle amount of pitting. NP = Non-pitting	<input type="checkbox"/> <b>Normal for age/No concern</b> <input type="checkbox"/> <b>Dry skin</b> <input type="checkbox"/> <b>Fragile/ thinning</b> <input type="checkbox"/> <b>Healed wound/scar</b> <input type="checkbox"/> Tyloma <input type="checkbox"/> mild <input type="checkbox"/> mod <input type="checkbox"/> heavy <input type="checkbox"/> Heloma <input type="checkbox"/> mild <input type="checkbox"/> mod <input type="checkbox"/> heavy <input type="checkbox"/> Reddened pressure point(s) <input type="checkbox"/> Maceration <input type="checkbox"/> Edema +1, +2, +3, +4, NP Circumference: Midfoot _____cm <input type="checkbox"/> Shiny, hair loss <input type="checkbox"/> Moist/waxy <input type="checkbox"/> Woody	<input type="checkbox"/> <b>Normal for age/No concern</b> <input type="checkbox"/> Verruca <input type="checkbox"/> Hemorrhagic callus <input type="checkbox"/> Anhydrosis (very dry skin) <input type="checkbox"/> Fissures (deep cracks) <input type="checkbox"/> Hyperhidrosis <input type="checkbox"/> Itching areas <input type="checkbox"/> Rash <input type="checkbox"/> Weepy <input type="checkbox"/> Blister(s) <input type="checkbox"/> Wound(s) # _____ <input type="checkbox"/> Odour <input type="checkbox"/> S&S of Infection	<input type="checkbox"/> <b>Normal for age/No concern</b> <input type="checkbox"/> <b>Dry skin</b> <input type="checkbox"/> <b>Fragile/ thinning</b> <input type="checkbox"/> <b>Healed wound/scar</b> <input type="checkbox"/> Tyloma <input type="checkbox"/> mild <input type="checkbox"/> mod <input type="checkbox"/> heavy <input type="checkbox"/> Heloma <input type="checkbox"/> mild <input type="checkbox"/> mod <input type="checkbox"/> heavy <input type="checkbox"/> Reddened pressure point(s) <input type="checkbox"/> Maceration <input type="checkbox"/> Edema +1, +2, +3, +4, NP Circumference: Midfoot _____cm <input type="checkbox"/> Shiny, hair loss <input type="checkbox"/> Moist/waxy <input type="checkbox"/> Woody	<input type="checkbox"/> Papillomatosis (lymphedema) <input type="checkbox"/> Verruca <input type="checkbox"/> Hemorrhagic callus <input type="checkbox"/> Anhydrosis (very dry skin) <input type="checkbox"/> Fissures (deep cracks) <input type="checkbox"/> Hyperhidrosis <input type="checkbox"/> Itching areas <input type="checkbox"/> Rash <input type="checkbox"/> Weepy <input type="checkbox"/> Blister(s) <input type="checkbox"/> Wound(s) # _____ <input type="checkbox"/> Odour <input type="checkbox"/> S&S of Infection
<b>Toes</b>  For edema; circle amount of pitting, NP = Non-pitting	<input type="checkbox"/> <b>Normal for age/No concern</b> <input type="checkbox"/> <b>Dry skin</b> <input type="checkbox"/> <b>Fragile</b> <input type="checkbox"/> <b>Healed wound/scar</b> <input type="checkbox"/> Tyloma <input type="checkbox"/> mild <input type="checkbox"/> mod <input type="checkbox"/> heavy <input type="checkbox"/> Heloma <input type="checkbox"/> mild <input type="checkbox"/> mod <input type="checkbox"/> heavy <input type="checkbox"/> Reddened pressure point(s) <input type="checkbox"/> Maceration between toes <input type="checkbox"/> Edema +1, +2, +3, +4, NP <input type="checkbox"/> Positive Stemmer Sign <input type="checkbox"/> Negative Stemmer Sign <input type="checkbox"/> Clubbing	<input type="checkbox"/> Shiny, hair loss <input type="checkbox"/> Moist/waxy <input type="checkbox"/> Thickened skin <input type="checkbox"/> Verruca <input type="checkbox"/> Anhydrosis(cracks btw toes) <input type="checkbox"/> Itching areas <input type="checkbox"/> Rash <input type="checkbox"/> Weepy <input type="checkbox"/> Blister(s) <input type="checkbox"/> Dry eschar <input type="checkbox"/> Wound(s) # _____ <input type="checkbox"/> S&S of infection	<input type="checkbox"/> <b>Normal for age/No concern</b> <input type="checkbox"/> <b>Dry skin</b> <input type="checkbox"/> <b>Fragile</b> <input type="checkbox"/> <b>Healed wound/scar</b> <input type="checkbox"/> Tyloma <input type="checkbox"/> mild <input type="checkbox"/> mod <input type="checkbox"/> heavy <input type="checkbox"/> Heloma <input type="checkbox"/> mild <input type="checkbox"/> mod <input type="checkbox"/> heavy <input type="checkbox"/> Reddened pressure point(s) <input type="checkbox"/> Maceration between toes <input type="checkbox"/> Edema +1, +2, +3, +4, NP <input type="checkbox"/> Positive Stemmer Sign <input type="checkbox"/> Negative Stemmer Sign <input type="checkbox"/> Clubbing	<input type="checkbox"/> Shiny, hair loss <input type="checkbox"/> Moist/waxy <input type="checkbox"/> Thickened skin <input type="checkbox"/> Verruca <input type="checkbox"/> Anhydrosis(cracks btw toes) <input type="checkbox"/> Itching areas <input type="checkbox"/> Rash <input type="checkbox"/> Weepy <input type="checkbox"/> Blister(s) <input type="checkbox"/> Dry eschar <input type="checkbox"/> Wound(s) # _____ <input type="checkbox"/> S&S of infection
<b>Nails</b>  Correct nail length is client-determined	<input type="checkbox"/> <b>Well-groomed/correct length</b> <input type="checkbox"/> <b>Appropriate free nail edge</b> <input type="checkbox"/> <b>Attached to nail bed</b> <input type="checkbox"/> Missing: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> <input type="checkbox"/> Unkempt <input type="checkbox"/> Length too long <input type="checkbox"/> Loose/broken/splitting <input type="checkbox"/> Thickened <input type="checkbox"/> Shredding of nail/flaking <input type="checkbox"/> Pitting	<input type="checkbox"/> Transverse ridging <input type="checkbox"/> Koilonychia( spoon shaped) <input type="checkbox"/> Onychogryptosis(Ram's Horn) <input type="checkbox"/> Involuted <input type="checkbox"/> Onychocryptosis(ingrown nail) <input type="checkbox"/> Bleeding/weeping(bed/fold) <input type="checkbox"/> Cuticle edge inflamed <input type="checkbox"/> Subungual ulcer/abscess <input type="checkbox"/> S&S of infection	<input type="checkbox"/> <b>Well-groomed/correct length</b> <input type="checkbox"/> <b>Appropriate free nail edge</b> <input type="checkbox"/> <b>Attached to nail bed</b> <input type="checkbox"/> Missing: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> <input type="checkbox"/> Unkempt <input type="checkbox"/> Length too long <input type="checkbox"/> Loose/broken/splitting <input type="checkbox"/> Thickened <input type="checkbox"/> Shredding of nail/flaking <input type="checkbox"/> Pitting	<input type="checkbox"/> Transverse ridging <input type="checkbox"/> Koilonychia (spoon shaped) <input type="checkbox"/> Onychogryptosis(Ram's Horn) <input type="checkbox"/> Involuted <input type="checkbox"/> Onychocryptosis (ingrown nail) <input type="checkbox"/> Bleeding/weeping(bed/fold) <input type="checkbox"/> Cuticle edge inflamed <input type="checkbox"/> Subungual ulcer/abscess <input type="checkbox"/> S&S of infection
<b>Skin/Nail Colour</b>				
<b>Foot</b>	<input type="checkbox"/> <b>Colour as per limb</b> <input type="checkbox"/> Pallor in dependent position <input type="checkbox"/> Pallor with 30° elevation: <input type="checkbox"/> Less than 30 secs <input type="checkbox"/> 30 secs or greater <input type="checkbox"/> Dependent rubor	<input type="checkbox"/> Red <input type="checkbox"/> Bluish/purple <input type="checkbox"/> Black <input type="checkbox"/> Blanchable <input type="checkbox"/> Mottled <input type="checkbox"/> Hyperkeratosis	<input type="checkbox"/> <b>Colour as per limb</b> <input type="checkbox"/> Pallor in dependent position <input type="checkbox"/> Pallor with 30° elevation: <input type="checkbox"/> Less than 30 secs <input type="checkbox"/> 30 secs or greater <input type="checkbox"/> Dependent rubor	<input type="checkbox"/> Red <input type="checkbox"/> Bluish/purple <input type="checkbox"/> Black <input type="checkbox"/> Blanchable <input type="checkbox"/> Mottled <input type="checkbox"/> Hyperkeratosis
<b>Toes</b>	<input type="checkbox"/> <b>Colour as per foot</b> <input type="checkbox"/> Pallor in dependent position <input type="checkbox"/> Pallor with 30° elevation: <input type="checkbox"/> Less than 30 secs <input type="checkbox"/> 30 secs or greater <input type="checkbox"/> Dependent rubor	<input type="checkbox"/> Red <input type="checkbox"/> Bluish/purple <input type="checkbox"/> Black <input type="checkbox"/> Blanchable <input type="checkbox"/> Mottled	<input type="checkbox"/> <b>Colour as per foot</b> <input type="checkbox"/> Pallor in dependent position <input type="checkbox"/> Pallor with 30° elevation: <input type="checkbox"/> Less than 30 secs <input type="checkbox"/> 30 secs or greater <input type="checkbox"/> Dependent rubor	<input type="checkbox"/> Red <input type="checkbox"/> Bluish/purple <input type="checkbox"/> Black <input type="checkbox"/> Blanchable <input type="checkbox"/> Mottled
<b>Nails</b>	<input type="checkbox"/> <b>Colour as per toes</b> <input type="checkbox"/> White: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> <input type="checkbox"/> Yellow: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> <input type="checkbox"/> Red/black: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup>	<input type="checkbox"/> Green: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> <input type="checkbox"/> Rust: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> <input type="checkbox"/> Other:	<input type="checkbox"/> <b>Colour as per toes</b> <input type="checkbox"/> White: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> <input type="checkbox"/> Yellow: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> <input type="checkbox"/> Red/black: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup>	<input type="checkbox"/> Green: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> <input type="checkbox"/> Rust: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> <input type="checkbox"/> Other:
<b>Skin Warmth</b>				
<b>Foot</b>  Pulses by Palpation P = Present D = Diminished A = Absent  Pulses by Doppler: Pulse Present = P  Score: 2 = Expected 1 = Diminished 0 = Absent	<input type="checkbox"/> <b>Warm as per limb</b> <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> IRD check: _____°C  Pulses by Palpation (circle): Posterior Tibial: P D A Dorsalis Pedis: P D A Peroneal: P D A	Pulses by Doppler (circle): Posterior Tibial: <input type="checkbox"/> P Score: <b>2</b> 1 0 Phase: <b>Tri</b> , Bi Mono Dorsalis Pedis: <input type="checkbox"/> P Score: <b>2</b> 1 0 Phase: <b>Tri</b> , Bi Mono Peroneal: <input type="checkbox"/> P Score: <b>2</b> 1 0 Phase: <b>Tri</b> , Bi Mono	<input type="checkbox"/> <b>Warm as per limb</b> <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> IRD check: _____°C  Pulses by Palpation (circle): Posterior Tibial: P D A Dorsalis Pedis: P D A Peroneal: P D A	Pulses by Doppler (circle): Posterior Tibial: <input type="checkbox"/> P Score: <b>2</b> 1 0 Phase: <b>Tri</b> , Bi Mono Dorsalis Pedis: <input type="checkbox"/> P Score: <b>2</b> 1 0 Phase: <b>Tri</b> , Bi Mono Peroneal: <input type="checkbox"/> P Score: <b>2</b> 1 0 Phase: <b>Tri</b> , Bi Mono
<b>Toes</b>	<input type="checkbox"/> <b>Warm as per foot</b> <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> IRD check on GT: _____°C	<input type="checkbox"/> <b>Cap Refill: less than 3sec</b> <input type="checkbox"/> Cap Refill: 3sec or greater	<input type="checkbox"/> <b>Warm as per fingers</b> <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> IRD check: _____°C	<input type="checkbox"/> <b>Cap Refill: less than 3 sec</b> <input type="checkbox"/> Cap Refill: 3sec or greater
ABPI & TBPI worksheets below	<b>ABPI Score</b>	<b>TBPI Score</b>	<b>ABPI Score</b>	<b>TBPI Score</b>

**Bolded & green highlight** = expected/typical normal finding

High Risk Foot & Nail Assessment & Management Plan		Client Information		
Movement	Right	Left		
<b>Foot</b>  Circle which toe(s) is missing	<input type="checkbox"/> No bone deformities <input type="checkbox"/> Good ankle ROM <input type="checkbox"/> Forefoot amputation <input type="checkbox"/> Foot amputation <input type="checkbox"/> ↓ Ankle ROM _____ (degree) <input type="checkbox"/> Dorsiflexion/plantar flexion <input type="checkbox"/> Inversion/eversion <input type="checkbox"/> Abduction/adduction	<input type="checkbox"/> Sx hardware insitu <input type="checkbox"/> Sx hardware exposed <input type="checkbox"/> Dropped metatarsals heads <input type="checkbox"/> Rocker foot <input type="checkbox"/> Acute Charcot <input type="checkbox"/> Chronic Charcot <input type="checkbox"/> Plantar fasciitis/ heel spur <input type="checkbox"/> Metatarsalgia <input type="checkbox"/> Morton's neuroma	<input type="checkbox"/> No bone deformities <input type="checkbox"/> Good ankle ROM <input type="checkbox"/> Forefoot amputation <input type="checkbox"/> Foot amputation <input type="checkbox"/> ↓ Ankle ROM _____ (degree) <input type="checkbox"/> Dorsiflexion/plantar flexion <input type="checkbox"/> Inversion/eversion <input type="checkbox"/> Abduction/adduction	<input type="checkbox"/> Sx hardware insitu <input type="checkbox"/> Sx hardware exposed <input type="checkbox"/> Dropped metatarsals heads <input type="checkbox"/> Rocker foot <input type="checkbox"/> Acute Charcot <input type="checkbox"/> Chronic Charcot <input type="checkbox"/> Plantar fasciitis/ heel spur <input type="checkbox"/> Metatarsalgia <input type="checkbox"/> Morton's neuroma
<b>Toes</b>  Circle which toe(s) is missing	<input type="checkbox"/> No bone deformities <input type="checkbox"/> Good Hallux ROM <input type="checkbox"/> Non-painful bunion <input type="checkbox"/> Non-painful bunionette <input type="checkbox"/> Toe amputation: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> <input type="checkbox"/> Painful bunion <input type="checkbox"/> Painful bunionette <input type="checkbox"/> Painful joint(s)	<input type="checkbox"/> ↓ Hallux ROM _____ (degree) <input type="checkbox"/> Overlapping digits <input type="checkbox"/> Dropped metatarsal heads <input type="checkbox"/> Hammer toes <input type="checkbox"/> Clawed toes <input type="checkbox"/> Mallet toes <input type="checkbox"/> Cocked toes	<input type="checkbox"/> No bone deformities <input type="checkbox"/> Good Hallux ROM <input type="checkbox"/> Non-painful bunion <input type="checkbox"/> Non-painful bunionette <input type="checkbox"/> Toe amp: GT, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> <input type="checkbox"/> Painful bunion <input type="checkbox"/> Painful bunionette <input type="checkbox"/> Painful joint(s)	<input type="checkbox"/> ↓ Hallux ROM _____ (degree) <input type="checkbox"/> Overlapping digits <input type="checkbox"/> Dropped metatarsal heads <input type="checkbox"/> Hammer toes <input type="checkbox"/> Clawed toes <input type="checkbox"/> Mallet toes <input type="checkbox"/> Cocked toes
<b>Mobility</b>  Gait & Arch worksheets below	Weight Bearing: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> Other: _____ Calf Muscle: <input type="checkbox"/> Normal <input type="checkbox"/> Impaired Balance: <input type="checkbox"/> Steady <input type="checkbox"/> Unsteady Proprioception: <input type="checkbox"/> Present <input type="checkbox"/> Absent		Mobility Aids: <input type="checkbox"/> None needed <input type="checkbox"/> Wheelchair bound <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Scooter If walker, number of wheels: <input type="checkbox"/> None <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Mobility Supports: <input type="checkbox"/> Splint <input type="checkbox"/> Brace <input type="checkbox"/> Prosthesis if checked, type: _____	
	Gait Analysis: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (slightly wide, moderately wide) <input type="checkbox"/> Other: _____ Stride Length: <input type="checkbox"/> Normal <input type="checkbox"/> Reduced <input type="checkbox"/> Other: _____ Arch: <input type="checkbox"/> Normal <input type="checkbox"/> High <input type="checkbox"/> Flat Foot <input type="checkbox"/> Severe Flat Foot Compression: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> To knee Type: _____ <input type="checkbox"/> Full leg Type: _____ <input type="checkbox"/> Other garments: _____ <input type="checkbox"/> Prescribed: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date last ordered: _____		Footwear (indoor & outdoor): Type: _____ <input type="checkbox"/> Normal wear <input type="checkbox"/> Abnormal wear <input type="checkbox"/> Causing trauma Type: _____ <input type="checkbox"/> Normal wear <input type="checkbox"/> Abnormal wear <input type="checkbox"/> Causing trauma Type: _____ <input type="checkbox"/> Normal wear <input type="checkbox"/> Abnormal wear <input type="checkbox"/> Causing trauma Sock(s): <input type="checkbox"/> Clean & dry <input type="checkbox"/> Other: _____ Orthotics: (pads, lifts, straps, etc.,)	
<b>Sensation/Pain</b>	<b>Right</b>	<b>Left</b>		
<b>Foot</b>  Client able to participate: Y N	<input type="checkbox"/> No pain day or night <input type="checkbox"/> Normal sensation <input type="checkbox"/> Ache <input type="checkbox"/> Knife-like <input type="checkbox"/> Intermittent <input type="checkbox"/> Shooting <input type="checkbox"/> Continuous <input type="checkbox"/> Mild intensity <input type="checkbox"/> Moderate to severe intensity Pain Scale 0-10 _____ <input type="checkbox"/> Pain during day <input type="checkbox"/> Pain at night	<input type="checkbox"/> Pain at rest Pain relieved: <input type="checkbox"/> With rest <input type="checkbox"/> When limb up <input type="checkbox"/> When limb down <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Burning <input type="checkbox"/> Crawling <input type="checkbox"/> Gout <input type="checkbox"/> Plantar fasciitis/heel spur(s)	<input type="checkbox"/> No pain day or night <input type="checkbox"/> Normal sensation <input type="checkbox"/> Ache <input type="checkbox"/> Knife-like <input type="checkbox"/> Intermittent <input type="checkbox"/> Shooting <input type="checkbox"/> Continuous <input type="checkbox"/> Mild intensity <input type="checkbox"/> Moderate to severe intensity Pain Scale 0-10 _____ <input type="checkbox"/> Pain during day <input type="checkbox"/> Pain at night	<input type="checkbox"/> Pain at rest Pain relieved: <input type="checkbox"/> With rest <input type="checkbox"/> When limb up <input type="checkbox"/> When limb down <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Burning <input type="checkbox"/> Crawling <input type="checkbox"/> Gout <input type="checkbox"/> Plantar fasciitis/heel spur(s)
<b>Toes</b>	<input type="checkbox"/> No pain day or night <input type="checkbox"/> Normal sensation <input type="checkbox"/> Ache <input type="checkbox"/> Knife-like <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent Pain Scale (0-10) _____ <input type="checkbox"/> Pain during day <input type="checkbox"/> Pain at night	<input type="checkbox"/> Pain at rest Pain relieved: <input type="checkbox"/> With rest <input type="checkbox"/> When limb up <input type="checkbox"/> When limb down <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Burning <input type="checkbox"/> Crawling	<input type="checkbox"/> No pain day or night <input type="checkbox"/> Normal sensation <input type="checkbox"/> Ache <input type="checkbox"/> Knife-like <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent Pain Scale (0-10) _____ <input type="checkbox"/> Pain during day <input type="checkbox"/> Pain at night	<input type="checkbox"/> Pain at rest Pain relieved: <input type="checkbox"/> With rest <input type="checkbox"/> When limb up <input type="checkbox"/> When limb down <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Burning <input type="checkbox"/> Crawling
Tuning Fork & Monofilament worksheets below	<b>Tuning Fork Vibration Screening:</b> ____/____ (8/8) <b>Monofilament LOPS Testing:</b> ____/____ (10/10)	<b>Tuning Fork Vibration Screening:</b> ____/____ (8/8) <b>Monofilament LOPS Testing:</b> ____/____ (10/10)		
<b>Date:</b>	<b>Signature:</b>			

**Bolded & green highlight** = expected/typical normal finding

# High Risk Foot & Nail Assessment & Management Plan

Client Information

## Assessment – Client Health

**Medical conditions:**

- Diabetes Mellitus:  Type 1  Type 2 Elevated blood glucose level:  Yes  No Elevated A1C:  Yes  No
- Neuropathy (sensory, motor, or autonomic):  Spinal cord injury  CVA  MS  Other: \_\_\_\_\_
- Lower limb condition:  Venous Insufficiency  Peripheral artery disease  Mixed arterial/venous  Lymphedema  Lipedema
- Impaired oxygenation:  Chronic obstructive pulmonary disease  Heart failure
- Auto-immune disease/immunosuppression:
  - Chemotherapy  Cancer  HIV/AIDs  Rheumatoid arthritis  Crohn's Disease  Lupus  Other: \_\_\_\_\_
- Organ Failure: Kidney disease  Dialysis  Liver disease
- High blood pressure
- Hemorrhagic/bleeding conditions  Anticoagulation/antiplatelet therapy  Hemophilia  Other: \_\_\_\_\_
- Hormonal changes:  Thyroid changes  Pregnancy  Menopause  Other: \_\_\_\_\_
- Mental health concerns
- Advanced age

**Contributing factors:**

- Sedentary  Occupation (sit/stand long periods)  Smoking  Substance use  Poor nutrition intake  Body image concern (nails)

**Barriers to care:**

- Cost for treatment  Cost of correctly fitted footwear  Food insecurity  Travel distance to care  Health literacy

Date:

Signature:

## High Risk Foot & Nail Care Management Plan

Use A, B, C, to indicate area(s) of concern

Right

Right

Left

Left



**Goals of Care**

- Nail reduction
- Tyloma reduction
- Heloma reduction
- Verruca reduction
- Skin care
- Teaching
- Other:

**Care Plan**

Frequency of visit: \_\_\_\_\_

**Referrals**

Date:

Signature:

# High Risk Foot & Nail Assessment & Management Plan

Client Information

## Work Sheet

Ankle Brachial Pressure Index (ABPI)		Toe Brachial Pressure Index (TBPI)	
Right	Left	Right	Left
<b>Blood Pressures:</b> Dorsal pedis: _____ Posterior tibial: _____ Peroneal: _____ Brachial: _____ <b>ABPI Score:</b> _____ <input type="checkbox"/> Unable to compress <input type="checkbox"/> Vascular Lab Result _____	<b>Blood Pressures:</b> Dorsal pedis: _____ Posterior tibial: _____ Peroneal: _____ Brachial: _____ <b>ABPI Score:</b> _____ <input type="checkbox"/> Unable to compress <input type="checkbox"/> Vascular Lab Result _____	<b>Blood Pressures:</b> Toe: _____ Brachial: _____ <b>TBPI Score:</b> _____ <input type="checkbox"/> Vascular Lab Result _____	<b>Blood Pressures:</b> Toe: _____ Brachial: _____ <b>TBI Score:</b> _____ <input type="checkbox"/> Vascular Lab Result _____

Document results in the appropriate Assessment Parameter on page 1

Gait Analysis	Arch Analysis
<p>* percentages indicate time through stance phase</p>	<p><b>Wet Foot Test:</b>                      1. Place one foot on a wet cloth.                      2. Place wet foot on a dry piece of paper.                      3. Assess imprint to the first row (Flat Foot/Arch).                      4. Determine degree of over-pronation or supination.                      5. Repeat test for the other foot.</p> <p><b>Old Shoe Test:</b>                      1. Look at the sole of the old shoe.                      2. Look for signs of wear on the heel and edge of shoe.                      3. Determine degree of over-pronation or supination.                      4. Repeat test for the other foot.</p> <p><b>Circle findings</b></p>

Document results in the appropriate Assessment Parameter on page 2

Tuning Fork Vibration Screening for Foot Neuropathy			
<b>Right Foot</b>	Location:- _____ 1 <sup>st</sup> Test: <input type="checkbox"/> On/Start <input type="checkbox"/> Off/Stop ___/2 2 <sup>nd</sup> Test : <input type="checkbox"/> On/Start <input type="checkbox"/> Off/Stop ___/2 Total Sub-Score ___/4	Location:- _____ 1 <sup>st</sup> Test: <input type="checkbox"/> On/Start <input type="checkbox"/> Off/Stop ___/2 2 <sup>nd</sup> Test : <input type="checkbox"/> On/Start <input type="checkbox"/> Off/Stop ___/2 Total Sub-Score ___/4	Location:- _____ 1 <sup>st</sup> Test: <input type="checkbox"/> On/Start <input type="checkbox"/> Off/Stop ___/2 2 <sup>nd</sup> Test : <input type="checkbox"/> On/Start <input type="checkbox"/> Off/Stop ___/2 Total Sub-Score ___/4
<b>Left Foot</b>	Location:- _____ 1 <sup>st</sup> Test: <input type="checkbox"/> On/Start <input type="checkbox"/> Off/Stop ___/2 2 <sup>nd</sup> Test : <input type="checkbox"/> On/Start <input type="checkbox"/> Off/Stop ___/2 Total Sub-Score ___/4	Location:- _____ 1 <sup>st</sup> Test: <input type="checkbox"/> On/Start <input type="checkbox"/> Off/Stop ___/2 2 <sup>nd</sup> Test : <input type="checkbox"/> On/Start <input type="checkbox"/> Off/Stop ___/2 Total Sub-Score ___/4	Location:- _____ 1 <sup>st</sup> Test: <input type="checkbox"/> On/Start <input type="checkbox"/> Off/Stop ___/2 2 <sup>nd</sup> Test : <input type="checkbox"/> On/Start <input type="checkbox"/> Off/Stop ___/2 Total Sub-Score ___/4
	<b>Total Score</b> _____/8	<b>Total Score</b> _____/8	<b>Total Score</b> _____/8

Monofilament Testing for Loss of Protective Sensation (LOPS)			
<b>Right</b>	<b>Left</b>	Check for sensation at each of the 10 sites using a 5.07g monofilament	
<input type="checkbox"/> 1st Digit <input type="checkbox"/> 3rd Digit <input type="checkbox"/> 5th Digit <input type="checkbox"/> 1st MTH <input type="checkbox"/> 3rd MTH <input type="checkbox"/> 5th MTH	<input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Heel <input type="checkbox"/> Dorsum <b>Score:</b> _____/_____ (10/10)	<input type="checkbox"/> 1st Digit <input type="checkbox"/> 3rd Digit <input type="checkbox"/> 5th Digit <input type="checkbox"/> 1st MTH <input type="checkbox"/> 3rd MTH <input type="checkbox"/> 5th MTH	<input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Heel <input type="checkbox"/> Dorsum <b>Score:</b> _____/_____ (10/10)

Document results in the appropriate Assessment Parameter on page 2