

High Risk Foot & Nail Assessment & Management Plan

Client Information

Assessment – Foot

Skin/Nail Integrity	Right		Left	
Foot For edema; circle amount of pitting. NP = Non-pitting	<input type="checkbox"/> Normal for age/No concern <input type="checkbox"/> Dry skin <input type="checkbox"/> Fragile/ thinning <input type="checkbox"/> Healed wound/scar <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	<input type="checkbox"/> Normal for age/No concern <input type="checkbox"/> Dry skin <input type="checkbox"/> Fragile/ thinning <input type="checkbox"/> Healed wound/scar <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
Toes For edema; circle amount of pitting, NP = Non-pitting	<input type="checkbox"/> Normal for age/No concern <input type="checkbox"/> Dry skin <input type="checkbox"/> Fragile <input type="checkbox"/> Healed wound/scar <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"/> Normal for age/No concern <input type="checkbox"/> Dry skin <input type="checkbox"/> Fragile <input type="checkbox"/> Healed wound/scar <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
Nails Correct nail length is client-determined	<input type="checkbox"/> Well-groomed/correct length <input type="checkbox"/> Appropriate free nail edge <input type="checkbox"/> Attached to nail bed <input type="checkbox"/> Missing: GT, 2 nd , 3 rd , 4 th , 5 th <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"/> Well-groomed/correct length <input type="checkbox"/> Appropriate free nail edge <input type="checkbox"/> Attached to nail bed <input type="checkbox"/> Missing: GT, 2 nd , 3 rd , 4 th , 5 th <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
Skin/Nail Colour				
Foot	<input type="checkbox"/> Colour as per limb <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"/> Colour as per limb <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
Toes	<input type="checkbox"/> Colour as per foot <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"/> Colour as per foot <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
Nails	<input type="checkbox"/> Colour as per toes <input type="checkbox"/> White: GT, 2 nd , 3 rd , 4 th , 5 th <input type="checkbox"/> Yellow: GT, 2 nd , 3 rd , 4 th , 5 th <input type="checkbox"/> Red/black: GT, 2 nd , 3 rd , 4 th , 5 th	<input type="checkbox"/> Green: GT, 2 nd , 3 rd , 4 th , 5 th <input type="checkbox"/> Rust: GT, 2 nd , 3 rd , 4 th , 5 th <input type="checkbox"/> Other:	<input type="checkbox"/> Colour as per toes <input type="checkbox"/> White: GT, 2 nd , 3 rd , 4 th , 5 th <input type="checkbox"/> Yellow: GT, 2 nd , 3 rd , 4 th , 5 th <input type="checkbox"/> Red/black: GT, 2 nd , 3 rd , 4 th , 5 th	<input type="checkbox"/> Green: GT, 2 nd , 3 rd , 4 th , 5 th <input type="checkbox"/> Rust: GT, 2 nd , 3 rd , 4 th , 5 th <input type="checkbox"/> Other:
Skin Warmth				
Foot 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"/> Warm as per limb <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: 2 1 0 Phase: Tri , Bi Mono Dorsalis Pedis: <input type="checkbox"/> P Score: 2 1 0 Phase: Tri , Bi Mono Peroneal: <input type="checkbox"/> P Score: 2 1 0 Phase: Tri , Bi Mono	<input type="checkbox"/> Warm as per limb <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: 2 1 0 Phase: Tri , Bi Mono Dorsalis Pedis: <input type="checkbox"/> P Score: 2 1 0 Phase: Tri , Bi Mono Peroneal: <input type="checkbox"/> P Score: 2 1 0 Phase: Tri , Bi Mono
Toes	<input type="checkbox"/> Warm as per foot <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> IRD check on GT: _____°C	<input type="checkbox"/> Cap Refill: less than 3sec <input type="checkbox"/> Cap Refill: 3sec or greater	<input type="checkbox"/> Warm as per fingers <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> IRD check: _____°C	<input type="checkbox"/> Cap Refill: less than 3 sec <input type="checkbox"/> Cap Refill: 3sec or greater
ABPI & TBPI worksheets below	ABPI Score	TBPI Score	ABPI Score	TBPI Score

Bolded & green highlight = expected/typical normal finding

High Risk Foot & Nail Assessment & Management Plan		Client Information		
Movement	Right	Left		
Foot 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
Toes 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 nd , 3 rd , 4 th , 5 th <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 nd , 3 rd , 4 th , 5 th <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
Mobility 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.,)	
	Sensation/Pain Right	Left		
Foot 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)
Toes	<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	Tuning Fork Vibration Screening: ____/____ (8/8) Monofilament LOPS Testing: ____/____ (10/10)	Tuning Fork Vibration Screening: ____/____ (8/8) Monofilament LOPS Testing: ____/____ (10/10)		
Date:	Signature:			

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
Blood Pressures: Dorsal pedis: _____ Posterior tibial: _____ Peroneal: _____ Brachial: _____ ABPI Score: _____ <input type="checkbox"/> Unable to compress <input type="checkbox"/> Vascular Lab Result _____	Blood Pressures: Dorsal pedis: _____ Posterior tibial: _____ Peroneal: _____ Brachial: _____ ABPI Score: _____ <input type="checkbox"/> Unable to compress <input type="checkbox"/> Vascular Lab Result _____	Blood Pressures: Toe: _____ Brachial: _____ TBPI Score: _____ <input type="checkbox"/> Vascular Lab Result _____	Blood Pressures: Toe: _____ Brachial: _____ TBI Score: _____ <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>Wet Foot Test: 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>Old Shoe Test: 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>Circle findings</p>

Document results in the appropriate Assessment Parameter on page 2

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

Monofilament Testing for Loss of Protective Sensation (LOPS)			
Right	Left	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 Score: _____/_____ (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 Score: _____/_____ (10/10)

Document results in the appropriate Assessment Parameter on page 2