



The Foot Examination

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Session Aims and Objectives

- Importance of the foot care in diabetes
- Understand common foot problems
- How to assess the risk status of patients and when to refer
- Support the patient with self-management
- Competency framework

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Competency

Slides based on

- Cheshire and Merseyside foot care programme / Scotland's FRAME
- Diabetes UK 'Putting Feet First' campaign
- NICE NG19

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Why is foot care so important?

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- Maintaining quality of life
- Can cause social isolation/stress depression/employment issues
- Prevent complications
- Cost of foot care
- Increased bed occupancy/prolonged stays

Why is foot care so important?

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- High blood glucose levels over a long period
Inflammatory response
- Higher risk of atherosclerosis- peripheral vascular disease
- Nerve damage-neuropathy
- Structural deformities
- Poor healing- increased infection risk
- Renal disease –increases risk of foot disease

Why the increased risk?


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Prevalence

- 1:3 people with diabetes may develop a foot ulcer
- 7.545 major amputations between 2015-2018
- 169 amputations per week in UK
- Most common cause of diabetes-related hospital admission in UK
- Increase in foot problems seen during pandemic

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Common Foot Problems

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- Dry cracked skin
 - Fissures
 - Blisters
 - Fungal infections
 - Ingrowing toenails
 - Infection

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Foot Deformities



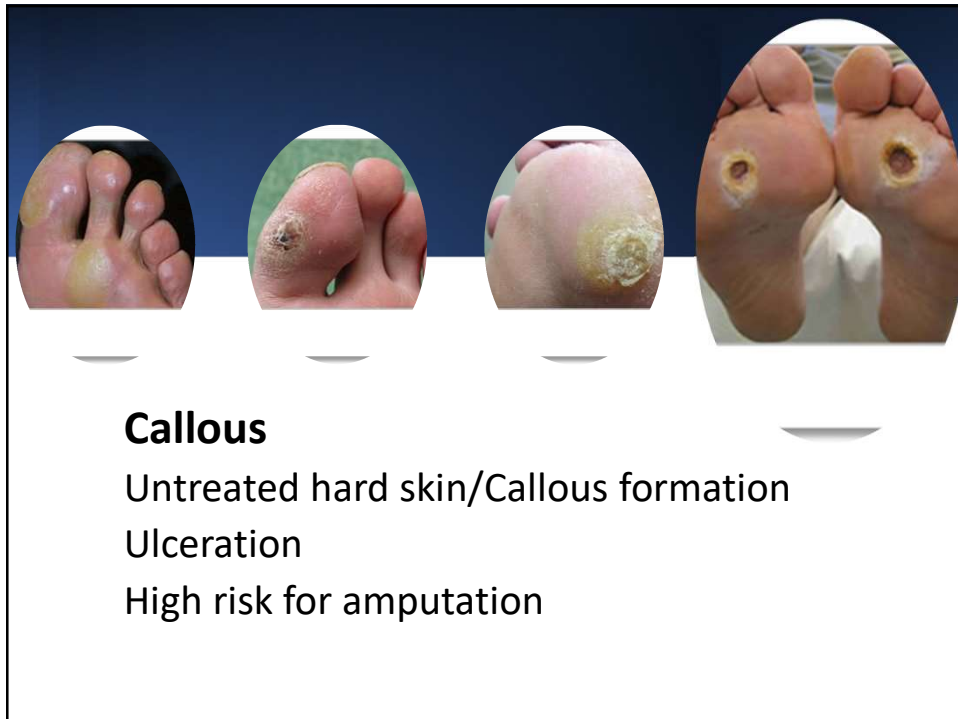
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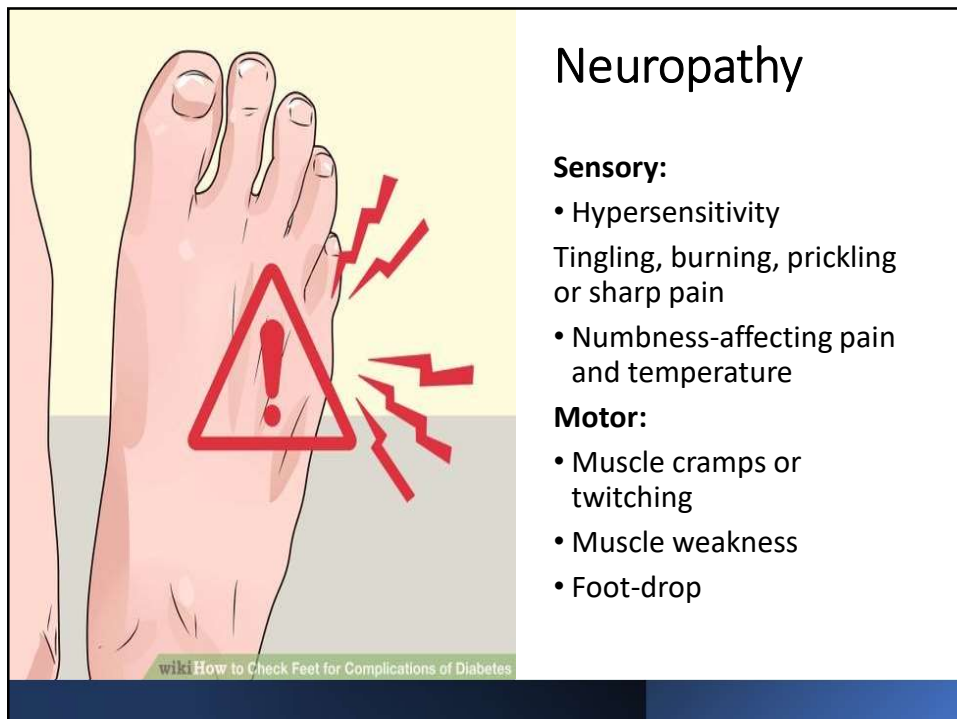
Infection

- Pain
- Erythema / Redness
- Swelling
- Discharge
- Heat
- Systemically unwell


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Neuropathy

- Loss of sweating
- Dry inelastic skin
- Distended veins over top of foot and ankle
- Bounding pulses

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- Poor circulation- micro and macrovascular
- Discoloration of the feet
- Cold feet and legs
- Intermittent claudication when walking or at rest if severe
- Non-healing wounds
- Increased risk of amputation

Peripheral Artery Disease (PAD)

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What can we do?

- Promote and educate about foot health
- Increase awareness of the risks of foot disease
- Foot checks as required
- Prevent delays in referral



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Screening

Quality Outcomes Framework (QOF):

% of patients with risk status recorded
• National Foot Care Audit

-geographical variation in amputation rates

National Campaign-
'Putting Feet First'



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Neurological Assessment



Light touch using 10g monofilament

- Plantar aspect of 1st 3rd and 5th toe
- Under 1st and 5th MP joint

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Vascular Assessment

- Colour and discolouration
- Skin texture- shiny and thin
- Hair growth
- Nail growth
- Temperature of feet
- ASK



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Palpation of Foot Pulses



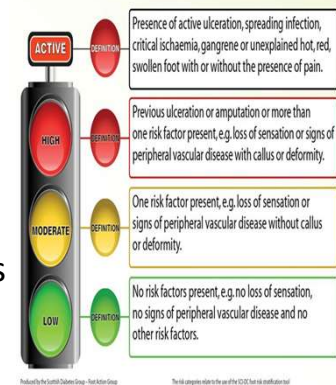
Two Arteries

- Dorsalis Pedis
- Posterior Tibial

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- Identify risk
- Provide education and leaflets
- Arrange next review
- Consider referral
- Get to know your referral process
- Podiatry pathway

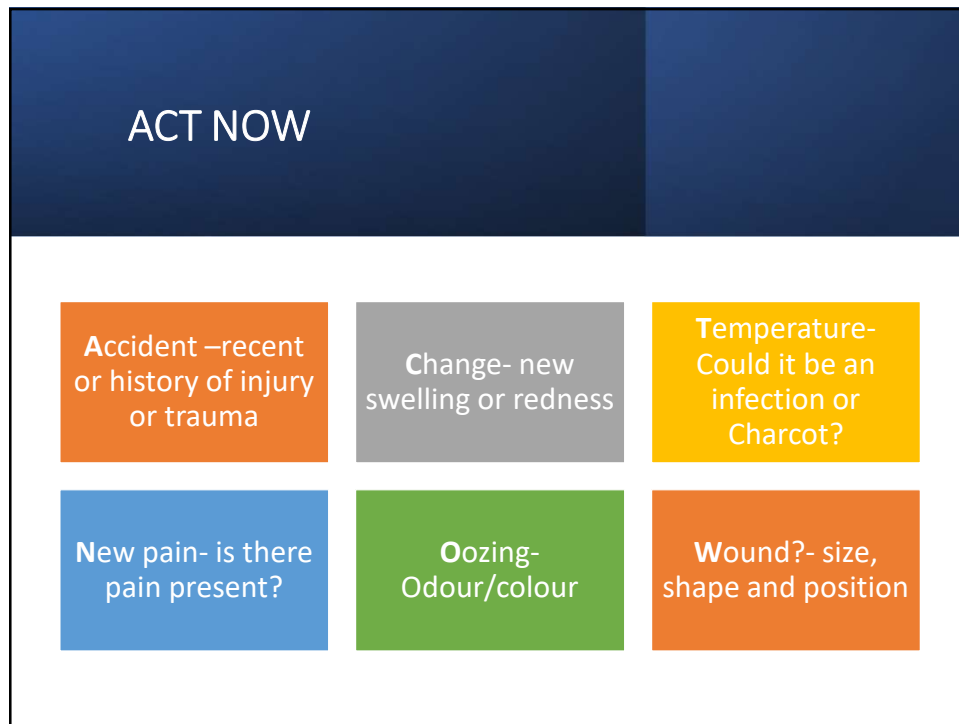
Diabetic foot risk stratification and triage



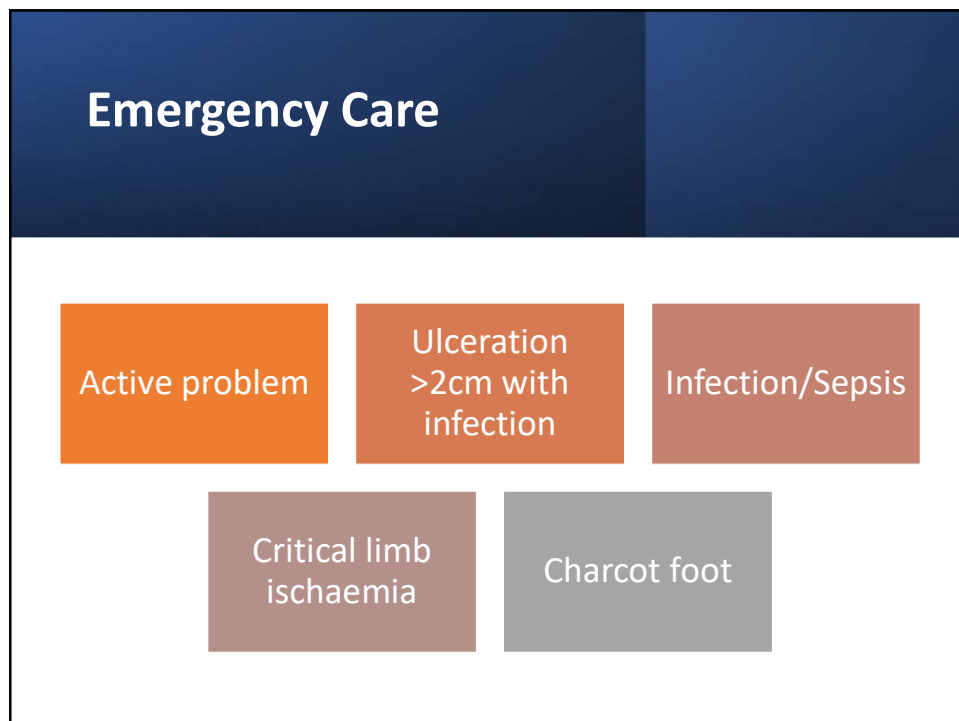
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Risk Stratification

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Further Learning

- Watch training video
- Observe foot examinations
- Practice on family/staff
- Read competency framework and use for assessment
- [Trend Diabetes – The heartbeat of diabetes nursing](#)
- FRAME online module
[Diabetes Foot Screening – Foot Risk Awareness and Management Education \(FRAME\) \(diabetesframe.org\)](#)
- Use resources/leaflets

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