

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS

Diabetic Foot Exam

Patient Name _____ Date of Birth _____ Date of Exam _____

Patient History

Patient's Risk Factor Assessment	
<input type="checkbox"/> History of amputation <input type="checkbox"/> Non-healing foot wound, present for over 3+ weeks <input type="checkbox"/> Numbness/Tingling/Loss of sensation <input type="checkbox"/> Foot deformity <input type="checkbox"/> Peripheral vascular disease	<input type="checkbox"/> Visual impairment <input type="checkbox"/> Poor glycemic control <input type="checkbox"/> Cigarette smoking <input type="checkbox"/> Diabetic nephropathy (especially those on dialysis) <input type="checkbox"/> Leg or foot pain with activity or at rest

Physical Examination

Dermatologic exam	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Discolored, ingrown or elongated nails Signs of fungal infection, thickened nails with debris, yellowing Discolored or hypertrophic skin lesions, calluses, or corns Open wounds or fissures Interdigital maceration
Musculoskeletal exam	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Range of motion of joints Deformities (hammer toe, claw toe, bunions) Red, hot, swollen joints, collapsed midfoot (Charcot neuroarthropathy)
Vascular exam	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Hair growth on foot dorsum or lower limb decreased Presence of palpable dorsalis pedis pulse Presence of palpable posterior tibial pulse Presence of palpable popliteal pulse Presence of palpable femoral pulse
Ankle-Brachial Index		ABI (link video) https://www.youtube.com/watch?v=KnJDrmfIXGw
Neurologic exam	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Decreased dorsiflexion Decreased plantar flexion

Neurologic Testing

- 10-g monofilament
- 128-Hz tuning fork (tested over tip of great toe bilaterally)
- Pinprick sensation (Disposable pin applied proximal to toenail on dorsal surface of hallux)
- Ankle reflexes (stretch Achilles then strike with reflex hammer)
- Vibration perception threshold testing

Comprehensive (visual, sensory, pulse) diabetic foot exam. **CPT CODE (2028F, G0245, G0246, G9226)**

