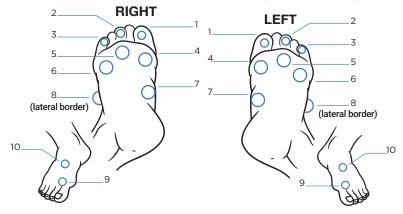
Diabetic Foot Evaluation

Program Name:	Pt. File No.:	Initial F/U	
Patients Name (Last, First, Middle):	Complaints/Changes:		
DOB:			

Section 1. Sensory Testing

Begin with 1 gm filament. Mark **SCORE** on corresponding line for each positive response. If no response, use the next heaviest filament until all sites are scored.



FILAMENT NUMBER	FORCE	INTERPRETATION	SCORE
4.17 (Green)	1 gm	Normal Sensation	3
5.07 (Purple)	10 gm	Protective Sensation	2
6.10 (Red)	75 gm	Loss of Protective Sensation	1
6.10 (Red Line)	No Response	Impaired Deep Pressure Sensation	0
Black	N/A	Missing or Inaccessible	N/A

Section 2. Skin Inspection

Describe skin condition in space provided below:

W-Wound, C-Callus, S-Swelling, R-Redness,

D-Dryness, **T**-Temperature, **M**-Missing, **J**-Contracture, **O**-Other

Section 3. Muscle Testing Mark: S-Strong, W-Weak, P-Paralyzed, (or Grade 5-0)



1) Ankle Dorsiflexion Tibialis Anterior Muscle (Peroneal Nerve)



2) Spread Toes Intrinsic muscles (Tibial Nerve)

Section 4. Nerve Palpation

Common Peroneal (at Fibular Head)

Drop Foot (at Med. Malleolus)

Charcot Foot (at Lat. Lower Leg)

Enlarged	
RI	



Tender







Common Peroneal

Sural (sensor only)

Section 5. Deformity (Check if present and know to be HD related)

	R L	
Open Wounds		Amputation/A
Claw Toes		Drop Foot
Eguinus		Charcot Foot

	R
Amputation/Absorption	
Drop Foot	

Is footwear appropriate for
Risk Category?

Footwear:

1 11011	outogory.	
Voc	No	

Other:

Section 6. W.H.O. GRADE **RISK Category**

WHO Grade	R	L	Description	RISK Category	
0			Protective sensation (Can feel 10 gm filament or better at all test sites)	0	
1			Loss of protective sensation (Does NOT feel 10 gm filament and NO HD deformity)	1	
2			Loss of protective sensation and HD related deformity (Does NOT feel 10 gm filament and NO HD related deformity)	2	
			History of Plantar Ulcer/Charcot Deformity	3	

Examined by:	Date:	Entered by:	Date:
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