

Foot Evaluation

Date ___/___/___

Name _____ ID # _____

History

DM Type I or Type II on Insulin , Oral Agents , None

Other Dx: _____

HX Foot Ulcer Y N , Surgery Y N

Employed Y N , or Homemaker Y N , Student Y N

Activity Sitting ___% vs Standing/Walking ___%

Indep Amb , W/AmbAids , SBA , Assist , WC

Ambulation Distance Unlimited , Limited Community ,

Homebound , Non-ambulatory

Exercise Y N ; H-Impact , L-Impact , # ___ days/wk

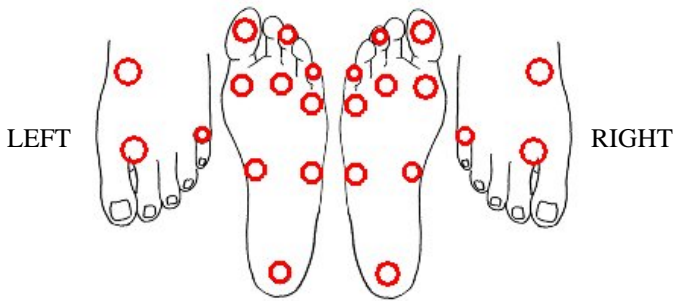
Other _____

ROM/Strength

Rt. ROM	Rt. MMT		Lt. MMT	Lt. ROM
		Ankle Dorsiflexion		
		Ankle Plantarflexion		
		Ankle Inversion		
		Ankle Eversion		
		Great Toe Extension		
		Great Toe Flexion		
		Intrinsics (graded 0-2)		

Sensation/Skin

Sensory Level: 1 = 1gm, 2 = 10gm, 3 = 75gm, 4 = > 75gm



Label: D = dryness, S = swelling, R = redness, T = temperature

M = maceration, C = callus P = pre-ulcer U = ulcer

Vascular

Right		Left
Y <input type="checkbox"/> N <input type="checkbox"/>	Dorsal Pedal Pulse	Y <input type="checkbox"/> N <input type="checkbox"/>
Y <input type="checkbox"/> N <input type="checkbox"/>	Posterior Tibial Pulse	Y <input type="checkbox"/> N <input type="checkbox"/>
Y <input type="checkbox"/> N <input type="checkbox"/>	Shiny, hairless, atrophic skin	Y <input type="checkbox"/> N <input type="checkbox"/>
Y <input type="checkbox"/> N <input type="checkbox"/>	Capillary refill < 3 sec	Y <input type="checkbox"/> N <input type="checkbox"/>

Other _____

Deformities

Right		Left
	Hammer / Claw Toes	
	Bunion / Bony Prominence	
	Planus / Cavus	
	Hallux Limitus	
	Rear/Forefoot Varus	
	PF 1st Ray/Forefoot Valgus	
	Dorsiflexed First Ray	
	Equinus /Calcaneus	
	Drop Foot	
	Charcot Fracture	
	Partial Foot Amputation	

Mobility/Vision

Right Y N Able to Identify a Foot Mark Left Y N

Footwear

Standard Y N Prescription Y N

Describe: _____

Appropriate Y N Worn Y N

Assessment

1. Foot Injury Risk

- 0 - No loss of protective sensation
- 1 - Loss of protective sensation
- 2 - Loss of protective sensation and high pressure (callus or deformity) and/or poor circulation
- 3 - History or foot ulcer or Charcot fracture

2. _____
3. _____

Plan /Goals

	Instruct in self care/ Independent foot inspection <input type="checkbox"/> footwear selection <input type="checkbox"/> appropriate foot care <input type="checkbox"/>
	Fit and train in Crutches <input type="checkbox"/> Walker <input type="checkbox"/> / Independent NWB <input type="checkbox"/> PWB <input type="checkbox"/> gait
	Evaluate Orthotic <input type="checkbox"/> Footwear <input type="checkbox"/> Prosthesis <input type="checkbox"/> / Proper fit and prevent tissue injury
	Instruct in Exercises / increase ROM <input type="checkbox"/> increase Strength <input type="checkbox"/> general conditioning <input type="checkbox"/>
	Fabricate foot orthoses <input type="checkbox"/> shoe modification <input type="checkbox"/> / Prevent tissue injury
	Fabricate a Relief Pad <input type="checkbox"/> Healing shoe <input type="checkbox"/> Contact Cast <input type="checkbox"/> Walking Splint <input type="checkbox"/> / Off-load pressure
	Debride wound / clean wound and promote healing

Other _____

Frequency/Duration _____

Signature _____