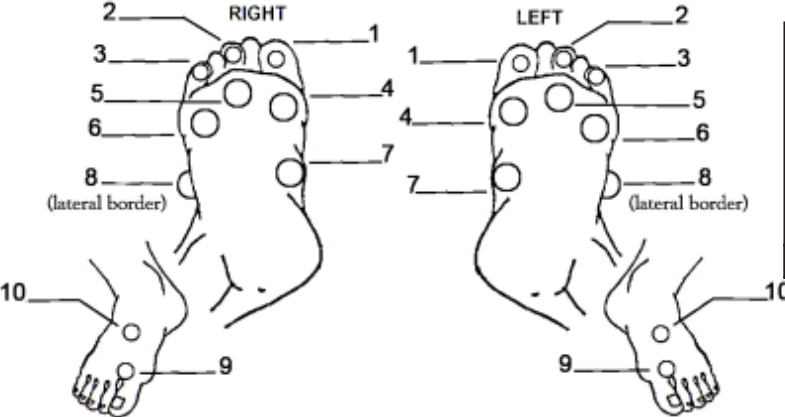


FOOT EVALUATION	PROGRAM NAME: _____		
Patient's Name (Last, First, Middle): _____	DOB: _____	Pt. File No.: _____	Initial __ F/U __
Complaints/Changes: _____			

Section I. 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 II. 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 III. MUSCLE TESTING: Mark: **S-Strong, W-Weak, P-Paralyzed** (or Grade 5-0)



R____ L____
 1) Ankle Dorsiflexion
 Tibialis Anterior Muscle
 (Peroneal Nerve)



R____ L____
 2) Spread Toes
 Intrinsic muscles
 (Tibial Nerve)

Section IV. NERVE PALPATION:
 Common Peroneal (at Fibular Head)
 Posterior Tibial (at Med. Malleolus)
 Sural Sensory (at Lat. Lower Leg)

R	L
(Enlarged)	(Enlarged)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

R	L
(Tender)	(Tender)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



Section V. DEFORMITY: (Check if present)

Open Wounds	R <input type="checkbox"/> L <input type="checkbox"/>	Amputation/Absorption	R <input type="checkbox"/> L <input type="checkbox"/>
Claw Toes	R <input type="checkbox"/> L <input type="checkbox"/>	Drop Foot	R <input type="checkbox"/> L <input type="checkbox"/>
Equinus	R <input type="checkbox"/> L <input type="checkbox"/>	Charcot Foot	R <input type="checkbox"/> L <input type="checkbox"/>
Other	<input style="width:100%;" type="text"/>		

FOOTWEAR:
 Is footwear appropriate for Risk Category?
 Yes ____ No ____

Section VI. 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 has HD related deformity)	2
			History of Plantar Ulcer/Charcot Deformity	3

Examined by: _____ Date: _____
 Entered by: _____ Date: _____