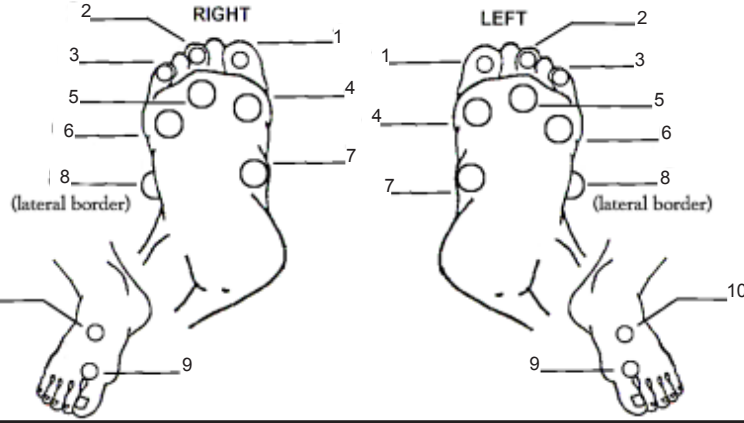


FOOT EVALUATION	PROGRAM NAME: _____		
Patient's Name (Last, First, Middle): _____	DOB: _____	Pt. File No.: _____	Initial ___ F/U ___
Complaints/Changes: _____			

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:

	R L Enlarged	R L Tender
Common Peroneal (at Fibular Head)		
Posterior Tibial (at Med. Malleolus)		
Sural Sensory (at Lat. Lower Leg)		

Section V. DEFORMITY: (Check if present and known to be HD related)	FOOTWEAR:
R L	Is footwear appropriate for Risk Category?
Open Wounds	Yes ____ No ____
Claw Toes	
Equinus	
Other _____	
Amputation/Absorption	
Drop Foot	
Charcot Foot	

WHO Grade	R	L	Description	RISK Category	
				0	1
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: _____