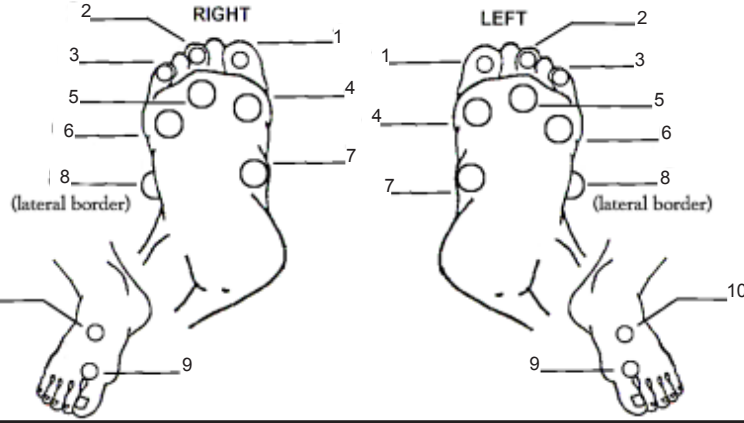


<b>FOOT EVALUATION</b>	PROGRAM NAME: _____		
Patient's Name (Last, First, Middle): _____	DOB: _____	Pt. File No.: _____	Initial ___ F/U ___
Complaints/Changes: _____			

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

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

**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: \_\_\_\_\_