

NATIONAL HANSEN'S DISEASE PROGRAMS
PHYSICAL THERAPY FOOT SCREEN

Name: _____ Age: _____ ID# _____ Date: ____/____/____

Diagnosis: LL ____ BL ____ TL ____ Diabetes ____ PVD ____ Venous Insuff. ____ Other _____

Medical Hx: Foot Ulcer: Y ____ N ____ Location: _____

Surgery: Y ____ N ____ Describe: _____

Complaints / Changes in foot in last year: _____

Employed: Y ____ N ____ Job description: _____ Current Residence: _____

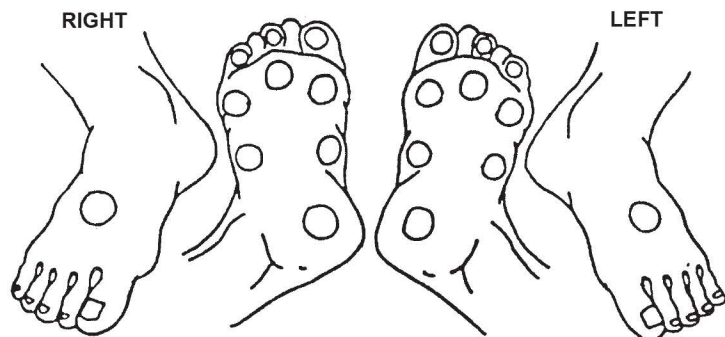
ROM/STRENGTH:

R ROM	R MMT		L MMT	L ROM
		Ankle DF		
		Ankle PF (s,w,a)		
		Ankle Inversion		
		Ankle Eversion		
		Great Toe Flexion		
		Great Toe Extension		
		Intrinsics (s,w,a)		

s=strong w=weak a=absent

PLANTAR SENSATION: Sensory Level

- 1 = 1g (4.17) Normal sensation
- 2 = 10g (5.07) Protective sensation
- 3 = 75g (6.10) Loss of protective sensation
- 4 = No perception of 75g (*insensate*)



CLINICAL APPEARANCE / SKIN:

Label: **D**=dryness **S**=swelling **R**=redness **T**=temperature **M**=maceration
Callus = Pre-ulcer = Ulcer =

WAGNER PLANTAR ULCER GRADE:

	0	I	II	III	IV
Ulcer 1					
Ulcer 2					
Ulcer 3					

NERVE PALPATION:

	R	L		R	L	
Common Peroneal at Fibular head	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged	<input type="checkbox"/>	<input type="checkbox"/>	Tender
Posterior Tibial at Med. Malleolus	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged	<input type="checkbox"/>	<input type="checkbox"/>	Tender
Sural Sensory at Lat. Lower Leg	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged	<input type="checkbox"/>	<input type="checkbox"/>	Tender

VISION:

Able to identify foot mark Y N

MOBILITY:

Independent Independent w/ assist. device w / c
 Homebound Non-ambulatory Requires SBA

DEFORMITIES:

R	L	
		Hammer/Claw Toe
		Bunion/Bony Prominence
		Drop Foot
		Charcot Foot
		Hallux Limitus
		Rear/Forefoot Varus
		PF 1 st ray/Forefoot Valgus
		Equinus/Calcaneus
		Pes Planus/Cavus
		Partial Foot Amputation/Absorption
		Other:

VASCULAR:

		Pulses Absent
		Capillary Refill > 3 sec.
		Ankle/Brachial Index
		TCPO ₂

FOOT RISK CATEGORY (W.H.O. grade):

	0 (0)	No protective sensory loss
	1 (1)	Loss of protective sensation (<i>no deformity or plantar ulcer history</i>)
	2 (2)	Loss of protective sensation and deformity (<i>no plantar ulcer history</i>)
	3 (2)	History of plantar ulcer

PLAN: Check all that apply

	Patient Education: <i>skin care, inspection, footwear</i>
	Posterior Walking Splint/Total Contact Cast
	Wound Care
	Sandals: <input type="checkbox"/> quickie <input type="checkbox"/> semi-rigid <input type="checkbox"/> rigid
	Footwear: <input type="checkbox"/> standard <input type="checkbox"/> x-depth <input type="checkbox"/> custom
	<input type="checkbox"/> rocker bottom <input type="checkbox"/> FAB <input type="checkbox"/> DF asst. device
	<input type="checkbox"/> Other
	Orthotics: <input type="checkbox"/> moldable <input type="checkbox"/> non-moldable
	Therapeutic Exercise/ROM
	Referrals:
	Other:

Clinician: _____