

INLOW'S 60-second Diabetic Foot Screen

SCREENING TOOL

Canadian Association
of Wound Care



Association canadienne
du soin des plaies

www.cawc.net

Patient Name:

Clinician Signature:

Date:

Look – 20 seconds	Score		Care Recommendations
	Left Foot	Right Foot	
1. Skin 0 = intact and healthy 1 = dry with fungus or light callus 2 = heavy callus build up 3 = open ulceration or history of previous ulcer			
2. Nails 0 = well-kept 1 = unkempt and ragged 2 = thick, damaged, or infected			
3. Deformity 0 = no deformity 1 = mild deformity 2 = major deformity			
4. Footwear 0 = appropriate 1 = inappropriate 2 = causing trauma			
Touch – 10 seconds	Left Foot	Right Foot	Care Recommendations
5. Temperature – Cold 0 = foot warm 1 = foot is cold			
6. Temperature – Hot 0 = foot is warm 1 = foot is hot			
7. Range of Motion 0 = full range to hallux 1 = hallux limitus 2 = hallux rigidus 3 = hallux amputation			
Assess – 30 seconds	Left Foot	Right Foot	Care Recommendations
8. Sensation – Monofilament Testing 0 = 10 sites detected 2 = 7 to 9 sites detected 4 = 0 to 6 sites detected			
9. Sensation – Ask Four Questions: i. Are your feet ever numb? ii. Do they ever tingle? iii. Do they ever burn? iv. Do they ever feel like insects are crawling on them? 0 = no to all questions 2 = yes to any of the questions			
10. Pedal Pulses 0 = present 1 = absent			
11. Dependent Rubor 0 = no 1 = yes			
12. Erythema 0 = no 1 = yes			
Score Totals =			

Screening intervals for foot ulcers and/or limb-threatening complications. Use the highest score from left or right foot. Screening intervals may vary based on clinical judgement and individual patient factors.

Score = 0 to 5 → recommend screening yearly

Score = 6 to 11 → recommend screening every 6 months

Score = 12 to 17 → recommend screening every 3 months

Score = 18 to 23 → recommend screening every 1 to 3 months

Inlow's 60-second diabetic foot screen has been shown to have content validity, determined in community care and Complex Continuing Care (CCC), and intrarater and interrater reliability in LTC, CCC, and acute care (dialysis). 2010.

Adapted from Inlow S. A 60 second foot exam for people with diabetes. *Wound Care Canada*. 2004;2(2):10-11. © CAWC 2010 · P1419E

Instructions for Use

General Guidelines: This tool is designed to assist in screening persons with diabetes to prevent or treat diabetes-related foot ulcers and/or limb-threatening complications. The screen should be completed on admission of any patient with diabetes and then repeated as directed. Both feet need to be screened; use the highest score to determine recommended screening intervals.

Specific Instructions: Review each of the parameters listed in the Diabetic Foot Screen and select the appropriate score based on patient's status. Once the diabetic foot screen is completed determine care recommendations based on patient need.

1. Skin:

Check the skin on the foot including between the toes.

- 0 = skin is intact and has no signs of trauma. No signs of fungus or callus formation
- 1 = skin is dry, fungus such as a moccasin foot or interdigital yeast may be present. Some callus build-up may be noted
- 2 = heavy callus build-up
- 3 = open skin ulceration present

2. Nails:

- 0 = nails well-kept
- 1 = nails unkempt and ragged
- 2 = nails thick, damaged or infected

3. Deformity

- 0 = no deformity detected
- 1 = may have some mild deformities such as dropped metatarsal heads (MTHs) (the bones under the fat pads on the ball of the foot). Each MTH corresponds to the toe distal to it, so there is a 1st MTH at the base of the first toe etc. Bunions may also be considered a deformity as well as deformities related to trauma.
- 2 = Charcot or amputation are each considered a major deformity that misshapes the foot significantly and often prevents wearing of off-the-shelf footwear

4. Footwear

Look at the shoes that the patient normally wears and discuss what he or she wears in the house

- 0 = shoes provide protection, support and fit the foot. On removal of the footwear there are no reddened areas on the foot
- 1 = shoes are inappropriate and do not provide protection or support for the foot.
- 2 = shoes are causing trauma to the foot either through a poor fit or a poor style i.e. cowboy boots. Foot is red over bony areas when shoe is removed

5. Temperature – Cold

Does the foot feel colder than the other foot or is it colder than it should be considering the environment?

- 0 = foot is of "normal" temperature for environment.
- 1 = foot is cold – compared to other foot or compared to the environment

6. Temperature – Hot

Does the foot feel hotter than the other foot or is it hotter than it should be considering the environment?

- 0 = foot is of "normal" temperature for environment
- 1 = foot is hot – compared to other foot or compared to the environment

7. Range of Motion

Move the first toe back and forth – plantar flex and dorsiflex.

- 0 = first toe (hallux) is easily moved
- 1 = hallux has some restricted movement
- 2 = hallux is rigid and cannot be moved
- 3 = hallux amputation

8. Sensation – Monofilament Testing

Using the 5.07 monofilament, test the sites listed.

Do not test over heavy callus.

- digits: 1st, 3rd, 5th
- metatarsal heads: 1st, 3rd, 5th
- midfoot: medial, lateral
- heel
- top (dorsum) of foot

And then score out of 10:

- 0 = 10 out of 10 sites detected
- 2 = 7 to 9 out of 10 sites detected
- 4 = 0 to 6 out of 10 sites detected

9. Sensation – Ask Four Questions

Ask the following four questions:

- i. Are your feet ever numb?
- ii. Do they ever tingle?
- iii. Do they ever burn?
- iv. Do they ever feel like insects are crawling on them?

- 0 = answered No to all four questions
- 2 = answered Yes to one or more

10. Pedal Pulses

Palpate (feel) the dorsalis pedis pulse located on the top of the foot.

- 0 = pulse present
- 1 = pulse absent

11. Dependent Rubor

Pronounced redness of the feet when the feet are down and pallor when the feet are elevated.

- 0 = no dependent rubor
- 1 = dependent rubor present

12. Erythema

Look for redness of the skin.

- 0 = no redness of the skin
- 1 = redness noted

Remember: Strategies for the prevention and management of diabetes related foot ulcers need to consider more than just the results from a foot assessment. For more information on a **holistic assessment** and classifying patients based on risk refer to the **Best Practice Recommendations for the Prevention, Diagnosis and Treatment of Diabetic Foot Ulcers: Update 2010** at www.cawc.net.