
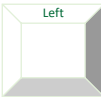

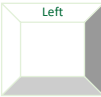

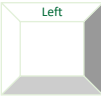

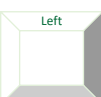

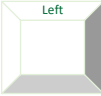

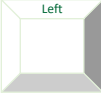



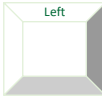

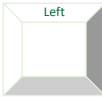

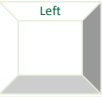

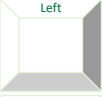

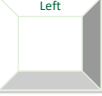


# INLOW's 60 Second Diabetic Foot Screen

LOOK (20 SECONDS)	SCORE
<b>Skin</b> 0: Intact and healthy 1: Dry with fungus or light callus 2: Heavy callus build up 3: Open ulceration or history of previous ulcer	 
<b>Nails</b> 0: Well-kept 1: Unkempt and ragged 2: Thick, damaged, or infected	 
<b>Deformity</b> 0: No deformity 2: Mild deformity 4: Major deformity	 
<b>Footwear</b> 0: Appropriate 1: Inappropriate 2: Causing trauma	 

TOUCH (10 SECONDS)	SCORE
<b>Temperature - Cold</b> 0: Foot warm 1: Foot is cold	 
<b>Temperature - Hot</b> 0: Foot is warm 1: Foot is hot	 
<b>Range of Motion</b> 0: Full range to hallux 1: Hallus limitus 2: Hallus rigidus 3: Hallux amputation	 

ASSESS (30 SECONDS)	SCORE
<b>Sensation - Monofilament Testing</b> 0: 10 sites detected 2: 7 to 9 sites detected 4: 0 to 6 sites detected	 
<b>Ajukan 4 pertanyaan:</b> <ol style="list-style-type: none"> <li>Are your feet ever numb?</li> <li>Do they ever tingle?</li> <li>Do they ever burn?</li> <li>Do they ever feel like insects are crawling on them?</li> </ol> 0 = No to all questions 2 = Yes to any of the questions	 
<b>Pedal pulses</b> 0: Present 1: Absent	 
<b>Dependent rubor</b> 0: No 1: Yes	 
<b>Erythema</b> 0: No 1: Yes	 

## Score totals

Right :

Left :

Date :

Clinician Signature :

RISK FACTORS	Risk Classification	In Low Score	Clinics Indications
	Very Low Risk	0 – 6	Sensation +, Vascularization
	Low Risk	7 – 12	Sensation -, with or without deformity
	Moderate Risk	13 – 19	PAD +, and with or without deformity, sensation -
	High Risk	20 – 25	Diabetes with ulcer histories
	Urgent Risk	20 - 25	Open wound, Charcot foot, Gangrene

MANAGEMENT		Classification	Recommendations and Actions
Classification	Recommendations and Actions		
ULCERS PRESENT	<ol style="list-style-type: none"> <li>Referral to services as a wound or limb salvage clinic</li> <li>After wound healing, repeat assessment in Low</li> <li>Referral to a specialist doctor to control blood glucose</li> <li>Well-fitting shoes, exercise as able</li> </ol>	MODERATE RISK	<ol style="list-style-type: none"> <li>Well-fitting shoes, Exercise as able</li> <li>Daily self-inspection of feet</li> <li>Professional foot care, fitted shoes, and diabetic socks</li> <li>Diabetic foot spa once every two weeks</li> <li>Referral to a specialist doctor to control blood glucose</li> <li>Referral to nutrition to provide nutritionist plan</li> <li>Referral to a rehab specialist to provide a plan for fitness</li> </ol>
HIGH RISK	<ol style="list-style-type: none"> <li>Well-fitting shoes, exercise as able</li> <li>Professional foot care, fitted shoes, and diabetic socks</li> <li>Diabetic foot spa once a week</li> <li>Referral to a specialist doctor to control blood glucose</li> <li>Deformity addressed if present with orthotic shoes</li> <li>Pain management for ischemic pain, if present</li> </ol>	LOW RISK	<ol style="list-style-type: none"> <li>Education on healthy foot habit and risk factors</li> <li>Daily self-inspection of feet</li> <li>Well-fitting shoes, Exercise as able</li> <li>Appropriate foot and nail care once a month</li> <li>Referral to a specialist doctor to control blood glucose</li> <li>Referral to nutrition to provide nutritionist plan</li> <li>Referral to a rehab specialist to provide a plan for fitness</li> </ol>

## Source

Adapted from Inlow S. The 60-Second foot exam for people with diabetes. Wound Canada. 2018;16(1): 26-29  
 IDF Clinical Practice Recommendations on the Diabetic Foot 2017.  
 IWGDF Guidelines on the prevention and management of diabetic foot disease 2019