

Annual Diabetic Foot Exam Demonstration, June 2017

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This video will demonstrate how to conduct a foot exam on patients with diabetes. This video is intended for the primary healthcare provider and identified office staff that may be responsible for conducting foot exams.

The techniques that will be shown are based on the 2017 Standards of Medical Care in Diabetes. The Standards of Medical Care in Diabetes is revised annually by the Professional Practice Committee of the American Diabetes Association to provide evidence based clinical practice recommendations.

Foot ulcers and other lower limb complications secondary to diabetes are common, complex and associated with increased morbidity and mortality. In addition, loss of protective sensation can render patients unable to recognize damage to their lower extremities. Strong evidence suggests a consistent provision of foot care services and preventive care can reduce amputations among patients with diabetes. However, routine foot exams are often difficult to incorporate into a busy primary care setting.

The 2017 Standards of Medical Care in Diabetes recommend that all patients with diabetes should be assessed for peripheral neuropathy starting at diagnosis of Type 2 Diabetes and five years after the Diagnosis of Type 1 Diabetes and at least annually thereafter.

The exam we will demonstrate consists of three components and should only take three minutes of the visit. You will find an annual comprehensive diabetes foot exam form that can be incorporated into your electronic health record in the resources that are available after this video.

The Quality Payment Program Diabetes Foot Exam Measure looks at the percentage of patients age 18 to 75 who've had this exam within the measurement year and must include documentation of the visual, monofilament and pulse components. The three steps in a comprehensive annual foot exam should each take about one minute.

The steps are: Ask, review the patient's diabetes history; Look, complete the physical exam and the neurological exam; and Teach, explain your findings and teach proper foot care.

Keith D. Shealy, MD, Family Practitioner: Good afternoon. We're here to learn about a diabetic foot exam, something, which is so simple to prevent illness and loss of limb. The foot exam has three different stages. First, we ask questions. Today, we have Miss Wood with us today to just to examine your feet and I want to ask you a few questions about your diabetes.

Dr. Shealy: How often do you check your sugar?

Miss Wood: Once a day.

Dr. Shealy: And has it been high?

Miss Wood: No, it's been normal.

Dr. Shealy: Good.

Miss Wood: Have you been recording it?

Miss Wood: No.

Dr. Shealy: Okay. We need to work on a recording so you can bring it in so we can review it.

Miss Wood: Okay.

Dr. Shealy: Do you smoke?

Miss Wood: No.

Dr. Shealy: Okay. Have you had any sores on your feet that have failed to heal?

Miss Wood: No.

Dr. Shealy: That's good. Any other problems?

Miss Wood: No.

Miss Wood: Okay.

Dr. Shealy: Sounds good. Let's do your foot exam. First off, we're going to look to see if you have any discoloration, any calluses on your feet, any ulcers, check between your toes, make sure that there are no sores or cracks between the toes. Also, we're going to look at your legs and look at your hair pattern to make sure that it is normal. We'll also check your pulses, be sure that that is normal, and you have adequate flow and, also your capillary refill. We expect the capillary refill to occur within two seconds in time which shows that you have good blood flow to your toes and your feet. We'll check sensation to your feet and to do this we're going to use a monofilament which it does not cause any pain. We're just going to touch it in several places on your feet to see if you have sensation.

Miss Wood: Okay.

Dr. Shealy: On the foot exam, we're going to check it, two places on the top and at least five on the bottom but normally I'll check three on the toes, three on the ball, two on middle foot and one in the heel. So, close your eyes and tell me if you can feel this?

Miss Wood: Yes. (To all spots Dr. Shealy touches with monofilament.)

Dr. Shealy: Now, also, I'm going to apply just enough pressure to make the monofilament form a C. We'll check the other foot the same way. But also, we'll check vibration sensation. To do this we use a tuning fork and I'm going to apply this to your bone and you tell me when you no longer feel it.

[Three seconds later]

Miss Wood: Now.

Dr. Shealy: Good. One thing, as we're here we also look at your toenails and I notice that you do have some thickened toenails but you have no ingrown toenails and no signs of infection. Let's also check your sensation as to the movement of your feet. I'm going to move your toe. I want you to tell me if it's going up or down and close your eyes.

Miss Wood: Up, down, up, down, up, down.

Dr. Shealy: Great. So, let's recap our exam today. Your exam was normal looks very good. You still have your sensation to help protect your feet but still you need to check your feet every day. You should look on the bottom make certain that you don't have any breakdown, nail [*inaudible*], anything, on the bottom of your feet that you could not feel. You should also look for any sores on your feet, any open areas and if you see any, please, give me a call.

Miss Wood: Okay.

Dr. Shealy: You can apply a lotion to your feet but don't put any lotions between your toes. You should keep your feet dry that's really important. And, please, continue to check your blood sugars on a daily basis and bring your log in with you next time when you come so that we can review it.

Miss Wood: Okay.

Dr. Shealy: Now, do you have any questions?

Miss Wood: No, thank you very much.

Dr. Shealy: Thank you. This three-minute foot exam is very vital and important in the care of our diabetic patients. It is good to perform yearly so that we can insure that our patients have good circulation and sensation to their feet in order to preserve their legs and feet. As we learned today we –

our metrics and our HEDIS scores are quite important. One thing that we discovered in our offices is if we allow the nurses to perform the exams at the time of workup our metrics improve significantly. Thanks for joining us today. I hope this has been helpful. Have a good one.

Sarah P. Smith

The 2017 Standards of Medical Care in Diabetes issued a new recommendation on referring high risk patients with a history of healed diabetic foot ulcers, partial foot amputation, or Charcot foot for specific therapeutic footwear to aid in the prevention of new or recurrent foot ulcers. The order must include the reason that the diabetic footwear is required. The 2017 Standards also includes specific recommendations for treatment of neuropathic pain.

A list of resources and education materials is available at the end of the video.