CLINICAL SKILLS: DIABETIC FOOT & ULCER EXAMINATION

Diabetes mellitus can have multiple dramatic effects on the vascular and neurological supply to the peripheries. It is important to be able to detect risk factors and early signs of ulceration in patients with diabetic feet, and to ascertain the cause so that appropriate management can be pursued.

- **Wash hands**
- **Introduce self**
- **Ask permission to examine patient**
- **Expose patient's legs**
- **Reposition patient lying down**

Inspection

- General – gait(antalgic?)
- Ulcer – describe size, site, colour, edges, depth.
- Skin – Trophic changes (shiny skin, hair loss), diabetic dermopathy (red macules on the shin), oedema, erythema/cellulitis/gangrene, venous changes (haemosiderin deposits, lipodermatosclerosis, eczema).

Do not forget to look between the toes, plantar surface of foot and lift up the legs to see the posterior aspect!

	Arterial	Neuropathic	Venous
Site	Bony prominences/pressure points.	Bony prominences/pressure points.	Gaitor area
Colour	Pale	Pink	Pink/red
Depth	Deep	Deep	Shallow
Edges	Rolled, punched out	Punched out	Flat
Other features	Painful, reduced pulses	Painless	Haemosiderin and venous eczema

Palpation

Vascular pathology (CATS pulses):

- Capillary time
- Ankle oedema
- Temperature
- Pedal pulses

Diabetic neuropathy:

- Brief sensory exam to check for glove-stocking distribution
- Check for pes cavus/planus and Charcot foot (grossly deformed foot due to the collapse of the structure secondary to the loss of protective pain sensation)

To conclude the examination:

- Thank the patient and offer to help them get dressed.
- Summarise your key findings and your potential differential diagnoses.
- Offer to take a full history, and perform:
  - A full neurovascular examination
  - ABPI
  - Doppler assessment of pulses
  - Hba1C