LSU Health Sciences Center
Foot Evaluation

Date ___/___/_____
Name _____ **ID #** _____

History

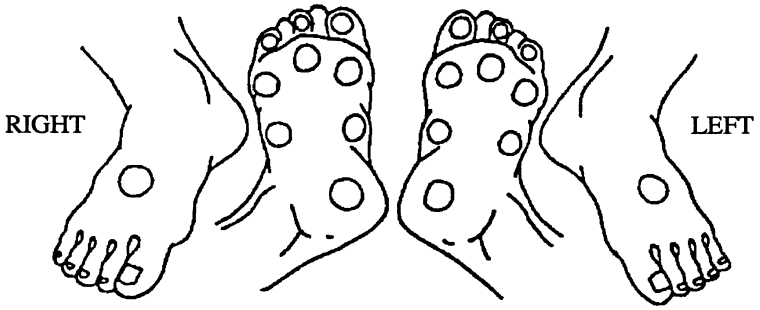
DM Type I ☐ or Type II on Insulin ☐, Oral Agents ☐, None ☐
Other Dx: _____
HX Foot Ulcer Y☐ N☐, Surgery Y☐ N☐
Employed Y☐ N☐ , or Homemaker Y☐ N☐, Student Y☐ N☐
Activity Sitting ___% vs Standing/Walking ___%
Indep Amb ☐, W/AmbAids ☐, SBA ☐, Assist ☐, WC☐
Ambulation Distance Unlimited ☐ , Limited Community ☐,
Homebound ☐, Non-ambulatory ☐
Exercise Y☐ N☐ ; H-Impact ☐, L-Impact ☐, # __ days/wk
Other _____
_____
_____
_____
_____
_____

ROM/Strength

Rt. ROM	Rt. MMT		Lt. MMT	Lt. ROM
		Ankle Dorsiflexion		
		Ankle Plantarflexion		
		Ankle Inversion		
		Ankle Eversion		
		Great Toe Extension		
		Great Toe Flexion		
		Intrinsics (graded 0-2)		

Sensation/Skin

Sensory Level : 1 = 1gm, 2 = 10gm, 3 = 75gm, 4 = > 75gm



Label: D = dryness, S = swelling, R = redness, T = temperature
M = maceration, C = callus ▤ P = pre-ulcer ▦ U = ulcer ■

Vascular

Right			Left	
Y☐	N☐	Dorsal Pedal Pulse	Y☐	N☐
Y☐	N☐	Posterior Tibial Pulse	Y☐	N☐
Y☐	N☐	Shiny, hairless, atrophic skin	Y☐	N☐
Y☐	N☐	Capillary refill < 3 sec	Y☐	N☐

Other _____
_____
_____

Deformities

Right		Left
	Hammer / Claw Toes	
	Bunion / Bony Prominence	
	Planus / Cavus	
	Hallux Limitus	
	Rear/Forefoot Varus	
	PF 1st Ray/Forefoot Valgus	
	Dorsiflexed First Ray	
	Equinus /Calcaneus	
	Drop Foot	
	Charcot Fracture	
	Partial Foot Amputation	

Mobility/Vision

Right			Left	
Y☐	N☐	Able to Identify a Foot Mark	Y☐	N☐

Footwear

Standard Y☐ N☐, Prescription Y☐ N☐
Describe: _____
Appropriate Y☐ N☐, Worn Y☐ N☐

Assessment

1. **Foot Injury Risk**
   - ☐ 0 - No loss of protective sensation
   - ☐ 1 - Loss of protective sensation
   - ☐ 2 - Loss of protective sensation and high pressure (callus or deformity) and/or poor circulation
   - ☐ 3 – History or foot ulcer or Charcot fracture
2. _____
3. _____

Plan /Goals

	Instruct in self care/ Idependence foot inspection ☐ footwear selection ☐ appropriate foot care ☐
	Fit and train in Crutches ☐ Walker ☐ / Independent NWB ☐ PWB ☐ gait
	Evaluate Orthotic ☐ Footwear ☐ Prosthesis ☐ / Proper fit and prevent tissue injury
	Instruct in Exercises / increase ROM ☐ increase Strength ☐ general conditioning ☐
	Fabricate foot orthoses ☐ shoe modification ☐ / Prevent tissue injury
	Fabricate a Relief Pad ☐ Healing shoe ☐ Contact Cast ☐ Walking Splint ☐ / Off-load pressure
	Debride wound / clean wound and promote healing

Other _____
_____
_____
_____

Frequency/Duration _____
_____
_____

_____
Signature