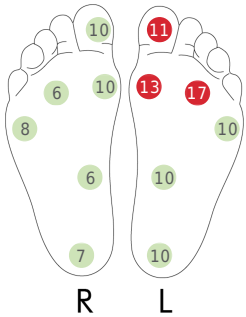




OVERVIEW

Diabetic Peripheral Neuropathy is the most common cause leading to foot ulceration, and can result in limb amputation. Diabetic patients are recommended to undergo comprehensive foot examination annually. In case of abnormal test results, patients are recommended to undergo a comprehensive foot assessment at least once in 3 months. If a patient is diagnosed with Peripheral Neuropathy, the patient's feet need to be inspected daily for corns, calluses, cuts, blisters, sores, signs of infection and changes in colour or temperature of the skin. It is recommended the patient consults the doctor immediately if any of the above signs are noticed.

RESULTS

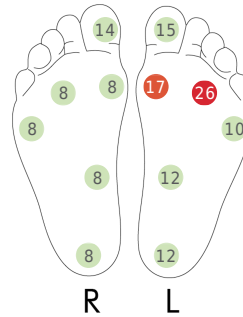


MONOFILAMENT

High Risk

Low Risk: Tactile sensation is felt using a 10 gram monofilament at Hallux, 1st, 3rd, and 5th Metatarsal Heads bilaterally.

High Risk: Value greater than 10 grams at any one of the 4 points - Hallux, 1st, 3rd, and 5th Metatarsal Heads.



VIBRATION PERCEPTION

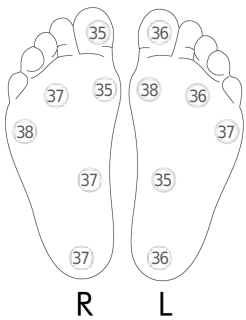
High Risk

Low Risk: Vibration detected below 15V.

Intermediate Risk: Vibration detected between 16V to 24 V at any one of the test points.

High Risk: Value detected above 25V at any one of the test points.

Reference - International Diabetes Federation. Clinical Practice Recommendation on the Diabetic Foot: A guide for healthcare professionals: International Diabetes Federation, 2017.



HOT PERCEPTION

Low Risk: A perceived increase in temperature of up to 5°C from the ambient temperature.

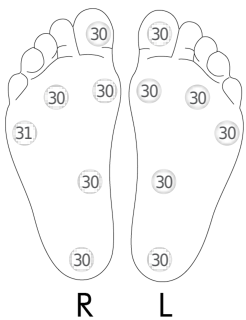
High Risk: Failure to perceive the increase in temperature.



COLD PERCEPTION

Low Risk: A perceived decrease in temperature of up to 5°C from the ambient temperature.

High Risk: Failure to perceive the decrease in temperature.



SKIN TEMPERATURE

Localized increase in temperature of > 2 °C in comparison with a similar anatomical area in the other foot/limb may signify inflammation/infection.

RECOMMENDATION

Consult your doctor for further evaluation

FOOT EXAMINATION

		Right Foot	Left Foot
1.	Corn or callus	No	No
2.	Blister	Yes	No
3.	Fungal infection	Yes	No
4.	Prior ulcer	No	No
5.	Existing ulcer / Erythema	No	No
6.	Prior amputation / deformity/ Fracture	No	No
7.	Dry skin	Yes	Yes
8.	Cracks / Fissures	No	No
9.	Thick / Damaged nails	No	No
10.	Claw toes / Hammer toes / Bunions	No	No
11.	Muscle wasting	No	No
12.	Venous insufficiency / Varicose veins	No	No
13.	Dorsalis Pedis pulse	Rate: Volume: Not applicable	Rate: Volume: Not applicable
14.	Tibialis Anterior pulse	Rate: Volume: Not applicable	Rate: Volume: Not applicable
15.	Capillary/Micro-circulation	Not applicable	Not applicable
16.	Ankle reflexes	Negative	Negative
17.	Hallux motion	Normal	Normal
18.	Footwear	Appropriate foot wear	Appropriate foot wear

NOTES

FURTHER INVESTIGATIONS

- FOOT SCAN (PLANTAR PRESSURE SCAN)
- VASCULAR ASSESSMENT
- FOOT BIOMECHANICAL ASSESSMENT

Dr. YOUR NAME
Your Qualification