

## Diabetic Foot Check Patient Information Sheet

### Why is foot care important for those with diabetes?

Diabetes can affect your feet by:

- Damaging nerves (peripheral neuropathy), leading to reduced feeling
- Reducing blood flow (peripheral arterial disease)
- Slowing healing

This means even small issues (like a blister or cut) can become serious if not treated early

### What is a diabetic foot check?

A diabetic foot check is a comprehensive assessment performed by a podiatrist to identify risk factors and prevent complications.

### What does the assessment involve?

- Check circulation (foot pulses)
- Use a doppler ultrasound to assess your arteries in the lower limb
- Test sensation and nerves
- Assess skin integrity (cracks, calluses, wounds)
- Examine nails
- Identify foot deformities
- Review footwear
- Assess your overall risk status

This is painless and usually takes 20-30 minutes

### Who should have a diabetic foot check?

All people with diabetes should have regular foot assessments, even if there are no symptoms.

### When urgent care is needed

Routine checks are safe for all patients; however urgent attention is required if you notice:

- Open wound or ulcer
- Signs of skin infection (redness, swelling, discharge)
- Blackened skin or sudden changes in colour
- Rapid swelling
- Change in foot shape

### Risks of not having regular checks

- Undetected injuries
- Infection
- Foot ulcers
- Hospitalisation
- Amputation

### **Benefits of regular podiatry care**

- Early detection of problems
- Reduced risk of ulceration and amputation
- Personalised care based on risk level
- Education for self-management

### **What can I do at home?**

- Check your feet daily
- Keep feet clean and dry
- Moisturise (avoid between toes)
- Wear well-fitting footwear
- Avoid going barefoot
- Seek help early if something changes

## **Australian Diabetic Foot Risk Classification**

### **Low Risk (Category 0)**

- No peripheral neuropathy
- No peripheral arterial disease
- No foot deformity

Review: At least Annually

Focus: Prevention and education

### **Intermediate Risk (Category 1)**

- Peripheral neuropathy or
- Peripheral arterial disease
- +/- foot deformity

Review: Every 3-6 months

Focus: Regular monitoring and early intervention

### **High Risk (Category 2)**

Peripheral neuropathy plus one or more of:

- Peripheral arterial disease
- Foot deformity

Review: Every 1-3 months

Focus: Active management to prevent complications

### **Active Foot Disease (Category 3)**

- Current ulcer, infection, or acute Charcot foot
- Management: Urgent multidisciplinary care, may include Hospital, GP, Podiatry, Specialists