



Guidelines for Diabetes with Foot Care 2015

Recommendations

For all patients with diabetes, perform an annual comprehensive foot examination to identify risk factors predictive of ulcers and amputations. The foot examination should include inspection and assessment of foot pulses. **B**

Patients with insensate feet, foot deformities, and ulcers should have their feet examined at every visit. **E**

Provide general foot self-care education to all patients with diabetes. **B**

A multidisciplinary approach is recommended for individuals with foot ulcers and high-risk feet (e.g., dialysis patients and those with Charcot foot, prior ulcers, or amputation). **B**

Refer patients who smoke or who have a loss of protective sensation (LOPS), structural abnormalities, or a history of prior lower-extremity complications to foot care specialists for ongoing preventive care and lifelong surveillance. **C**

Initial screening for peripheral arterial disease (PAD) should include a history for claudication and an assessment of the pedal pulses. **C**

Refer patients with significant claudication or a positive ankle-brachial index (ABI) for further vascular assessment and consider exercise, medications, and surgical options. **C**