

Caveats

1. The feet may be falsely insensate when cold or edematous.
2. Heel testing does not discriminate ulcer formers.
3. Patients who have normal protective sensation should be retested annually.
4. Technically, patients who have insensate feet need not be retested. Some clinicians believe that repeated testing of the individual with insensate feet may be a useful educational and motivational tool.

Note: For more details, see “Using the 10-g Semmes–Weinstein monofilament” handout.



Monofilament test sites

Using the 10-g Monofilament

1. Obtain two or more reusable monofilaments or a packet of disposable monofilaments. (see "Resources for 10-g Monofilaments" handout.)
2. Check the 10-g monofilament for defects. Replace if bowed, kinked, or twisted.
3. Place the patient in the supine position for ease of testing.
4. Have the patient close their eyes.
5. Test four sites (See diagram on back) on each foot in random sequence. Avoid scars, calluses, and ulcers.
6. Hold the 10-g monofilament perpendicular to the test site, and then bow it to a C-shape for one second.
7. Grade the patient's response as present (\oplus) or absent (\emptyset).

Risk Stratification and Management of the Diabetic Foot

Risk Category	Annual Comprehensive Foot HX/Exam	Visual Foot Inspection Every Office Visit	Podiatry Referral	Level of Patient Education	Daily Foot Inspection by Patient/Caregiver	Footwear Selections
Category 0: - Sensate foot - No deformities - Pedal pulses present - No prior ulcer or amputation	Yes	Only if higher risk (alcoholism, homeless, or high-risk minority group)	No	Basic*	Yes	Proper style/fit walking or athletic shoe; no slip-ons, high heels, or open toes
Category 1: - Insensate foot - No other risk factors	Yes	Yes	Q 3-6 mo	Intensive**	Yes	Cushioned insoles with deep toe-box shoes
Category 2: - Insensate foot - Major foot deformity and/or absent pedal pulses - No prior ulcer or amputation	Yes	Yes	Q 2-3 mo	Intensive**	Yes	Consider pedorthist/orthotist consult if major foot deformity; may require custom insole and extra-depth shoe
Category 3: - Prior ulcer or amputation	Yes	Yes	Q 1-2 mo	Intensive**	Yes	Consider pedorthist/orthotist consultation; may require custom insoles and shoes

* Basic education: brief counseling and foot care/footwear educational brochures

** Intensive education: repeated educational sessions with primary care clinician, podiatrist, and/or diabetes educator; foot care/footwear educational brochures

Modified from Rith-Najarian and Reiber. J Family Practice 2000; 49(Suppl): S30-S39 and from Cavanagh, Albrecht, and Caputo. "What the practicing physician should know about diabetic foot mechanics." Chapter 4, pp.33-60 in Boulton, Connor, Cavanagh (Eds). The Foot in Diabetes, 3rd Ed., Wiley, 2000.