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Diabetic Foot Exam: what to expect

REVIEWED

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Dr. Baravarian discusses diabetic foot conditions and why early intervention is so important.

Catching diabetic foot complications early will allow for proper intervention and prevention of ulcerations, infections, and limb loss. That is why routine exams with a foot and ankle specialist are so critical.

The physicians at University Foot and Ankle Institute are nationally recognized experts in the treatment of diabetic foot conditions.

They understand the unique circumstances surrounding diabetes and feet and pride themselves

in offering the most advanced care in a comfortable and caring environment.

Why Early Treatment Is so Important...

Diabetes is a serious condition that can cause a multitude of complications in your body and many times, signs and symptoms are first detected in the feet. Our diabetic patients will often complain of numbness, tingling, or a burning sensation that is often worse during the night. That's neuropathy. Other patients will complain of pain when their feet are in an independent, or non-supported, position while sitting. That's peripheral vascular disease.

The good news is that regular exams give diabetics the opportunity to detect neuropathy and peripheral vascular disease during the early stages. This allows them to get the appropriate intervention needed to prevent further complications.

ABOUT DIABETIC CONDITIONS

MOST POPULAR

1 Charcot Foot

2 Ulcer Care

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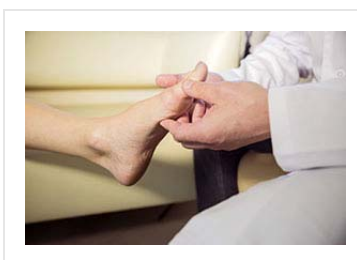
4 Neuropathy & Nerve Compression

5 *Diabetic Foot Exam*

What to Expect During a Diabetic Foot Exam

Vascular Examination

This checks the two major arteries of the foot. The first artery is at the top of the foot called the dorsalis pedis and the second is behind the ankle bone called the posterior tibial artery. If these arteries aren't palpable, a Doppler



machine is used to listen for proper blood flow.

Diabetes generally affects the microcirculation (for example, the small vessels that supply your toes). Therefore, we direct our attention to the tips of the toes where we check for capillary refill time. This is done by applying blanching pressure to the toes and measuring the amount of time it takes for the them to regain their color. Normal capillary refill time is less than 3 seconds. If the patient has poor blood flow, it often increases their risks of infection and gangrene, and further studies may be performed.

Neurological Examination

During this part of the exam a tuning fork is utilized to assess if vibratory sensation is intact. The physician places a vibrating tuning fork on the ball of the patient's right or left large toe and asks them to report when the vibration stops. Vibratory sensation is generally the first sign that a patient is developing neuropathy.

Next, the physician will examine if the patient has protective sensation using a 10-gram monofilament. Some patients get nervous when they see this device because it looks like a needle. However, looks can deceive because this instrument is similar to fishing wire and will not elicit pain. The patient will be asked to respond each time he or she feels the pressure of the monofilament on the foot. Knowing a patient's neurological status is impaired allows the patient to be more proactive about protecting their feet.

Dermatological Examination

We do a global inspection of the feet. We look for any scaling or fissuring that can lead to a break in the skin. We check for redness or swelling that may suggest an infection and examine between the toes and nails for any fungal involvement. If a patient has a callus due to increased pressure points, we make sure to remove it. Studies show that diabetic patients with calluses are nearly 10 times more likely to develop an underlying ulcer.

Musculoskeletal Examination




X-rays are taken to evaluate any deformities of the bone. This is important because abnormalities may increase pressure points when walking and result in calluses and ulcerations. Offloading devices such as a removable boot can prevent such complications.

Uncontrolled diabetics can also lead to a condition called Charcot arthropathy, which results in multiple fractures in the midfoot joint.

Due to severe neuropathy associated with this condition, patients don't feel any pain, they often aren't aware of the condition and many times it goes untreated. Over time, the bone heals in an abnormal position leading to a rockerbottom foot type. Evaluating and staging this condition, especially in the early stages, can limit complications such as ulcerations due to improper foot position, infection, and even surgery.

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Our Patients Rave About UFAI's Quality of Care:

		
<p>Dr. Yau was able to diagnose my issue during my first appointment with him, something that other doctors hadn't done after several visits and tests.</p> <p>– ANONYMOUS</p>	<p>A few months ago, I visited Dr. Baravarian for a foot ailment that I had been suffering from for a few years. After a couple of misdiagnoses and painful cortisone and alcohol injections. He was able to tell me I had a...</p> <p>– TORY R.</p>	<p>I did some research on a podiatrist after I broke my foot and I found Dr. Bob. He was a UCLA before opening his office, where he now has several doctors working with him. The care is amazing with patients.</p> <p>– SAMAN S.</p>

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