

Perform a comprehensive foot evaluation at least annually to identify risk factors for ulcers and amputations.

Patients with evidence of sensory loss or prior ulceration or amputation should have their feet inspected at every visit.

Obtain a prior history of ulceration, amputation, Charcot foot, angioplasty or vascular surgery, cigarette smoking, retinopathy, and renal diseases

Assess current symptoms of neuropathy that is pain, burning, numbness and vascular diseases presentation like leg fatigue, claudication.

The examination should include inspection of skin, assessment of foot deformities, neurological assessment by a 10 g monofilament test, pin prick, temperature, vibration, and vascular assessment included including pulses in the legs and feet.

Patients with symptoms of claudication or decreased or absent pedal pulses should be referred for ankle brachial index and for further vascular assessment.