



ACP Academy

Diabetic Foot Examination – Step-by-Step OSCE Guide ACP Academy Format (Refreshed Edition)

GETTING STARTED

1. Perform hand hygiene and don PPE as required.
2. Introduce yourself: “Hi, I’m Jamie, one of the advanced clinical practitioners.”
3. Confirm the patient’s full name and date of birth.
4. Explain the examination: “I’d like to examine your feet today as part of your diabetes check. I’ll be looking at the skin, checking your pulses, and assessing sensation.”
5. Gain verbal consent and offer a chaperone.
6. Ask the patient if they currently have any pain, numbness or foot problems.
7. Position the patient lying down with the head of the bed at 45°.
8. Expose both legs fully, from knees down.
9. Gather required equipment: monofilament, tuning fork (if available).

INSPECTION

10. Inspect the feet and lower legs thoroughly – front, back, sides and between toes.
11. Look for:
 - Ulcers or pressure sores
 - Skin changes: dryness, cracking, infection, fungal nails
 - Calluses or areas of high pressure
 - Deformities: claw toes, Charcot foot, bunions
 - Signs of poor footwear support

PALPATION

12. Use the back of your hand to assess skin temperature across both feet.
13. Palpate peripheral pulses:
 - Posterior tibial (behind medial malleolus)
 - Dorsalis pedis (top of the foot)
14. If concerned about arterial supply, palpate popliteal or femoral pulses if appropriate.

SENSATION (MONOFILAMENT)

15. Demonstrate monofilament sensation on the patient's sternum or forearm first.
16. With the patient's eyes closed, apply the 10g monofilament perpendicularly to several points on the plantar surface of each foot – avoid callused areas.
17. Ask the patient to say "yes" each time they feel it.
18. Record sites where sensation is absent.

GAIT & FOOTWEAR

19. Ask the patient to stand and walk a short distance, observing for:
 - Balance and posture
 - Foot placement and symmetry
 - Signs of pain or unsteadiness
20. Inspect the patient's footwear for:
 - Wear patterns, support and fit
 - Foreign objects or excessive pressure points

OPTIONAL ADDITIONAL TESTS

21. Test vibration sensation using a 128Hz tuning fork on the hallux (big toe).
22. Test proprioception at the toe joint (move toe up/down).
23. Check ankle reflexes if neuropathy is suspected.

CLOSING THE EXAM

24. Let the patient know the exam is finished and thank them.
25. Offer help to redress.
26. Perform hand hygiene.
27. Summarise your findings.
28. Suggest appropriate next steps – e.g. capillary glucose, HbA1c, formal peripheral neuropathy assessment, vascular referral, or diabetic foot risk stratification.

Regular diabetic foot assessments reduce the risk of ulceration and amputation. A good exam doesn't take long – but can make a big difference.