

June 5th Foot assessment photographs

1.



-Right great toe hemorrhagic callus sensory neuropathy

-monofilament test avoid great toe callus

-Dry skin autonomic neuropathy

-Flat arch with claw toes

-Need to pare down the callus CSWD

- Look at footwear,

- thickened toe nails, need Toenail care

-Moisturizing the skin

2.



- 3rd metatarsal head ulcer-sensory neuropathy (HX piece of glass removed)
- Motor neuropathy with irregular shaped foot (wide), high arch causes high forefoot pressure
- Autonomic neuropathy dry callused skin (need to moisturize)
- Can't test over 1st and 3rd metatarsal head due to ulcer and callus.
- need to have properly fitted footwear- need to offload ulcer



3.

-sensory neuropathy- stepped on Lego incurred injury then developed septic infection

- autonomic neuropathy – dry chalky white skin, callus in plantar region and heel

-treat infection

-referral diabetic foot specialist

-vascular assessment, CSWD edges, autolytically debride eschar& offload, moisturize foot



4.

-ingrown toenail

- infection note erythema & blistering area around 1st digit, 5th toe blistering as well, treat infection

-footwear is likely pathology to these injuries

-autonomic neuropathy edema to foot, dry skin

- address infection, dryness to skin, footwear



5.

-autonomic neuropathy- fissure-

-motor neuropathy flat arch, displaced fat pads as arches flatten the toes tend to curl

-vascular assessment, need to offload

-wound care to manage slough-debride

-moisturize skin to prevent fissure

(use 10-20% urea cream helps to exfoliate and repair fissures and prevent fissures keeping the skin supple, prevents infection/portal of entry for bacteria)

6



- sensory neuropathy- ulcer to 2nd metatarsal head
- motor neuropathy displaced fat pads secondary to increased forefoot pressure, fallen arch, wide foot
- autonomic neuropathy -5th metatarsal head callus build up
- r/o osteo can you probe to bone, x-ray, drainage -macerated edges
- need manage drainage, treat infection, pare edges, offload
- referral diabetic foot specialist for ongoing follow-up



7.

- acute charcot neuroarthropathy
- neuropathic foot with motor neuropathy
- rocker bottom foot with open ulceration
- can be wide spread destruction of bone and joint architecture
- autonomic neuropathy dry skin, edema
- need r/o fractures, osteo, offload/TCC
- referral diabetic foot specialist



8.

- charcot neuroarthropathy
- infected, needs IV treatment and debridement, including offloading
- motor neuropathy fallen arch, claw toes
- autonomic neuropathy dry callused skin
- referral diabetic foot+/- vascular specialist



9.

- 1st metatarsal head ulcer due to sensory, autonomic and motor neuropathy
- Forefoot increased pressure from high arch (foot is rigid) causing callus then ulceration beneath callus,
- possible signs of infection with erythema to arch of foot and periwound
- vascular assessment, callus edge management, offload
- custom footwear once healed



10.

- sensory neuropathy left foot 1st metatarsal head ulcer formation beneath callus
- advancing infection into great toe with blistering, possible necrosis
- need vascular assessment, treat infection, pare edges , offload , proper footwear
- motor neuropathy- irregular shaped feet, flattened arches
- autonomic neuropathy dry skin