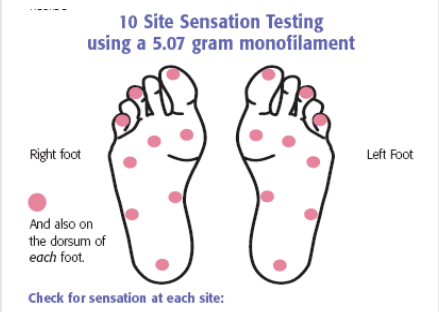


Pixalere Advanced Lower Limb Assessment Worksheet

Date	Name	PixID#
Parameter	Right Lower Limb	Left Lower Limb
Doppler: Dorsal Pedis	<input type="checkbox"/> Present <input type="checkbox"/> Diminished <input type="checkbox"/> Triphasic <input type="checkbox"/> Not Audible <input type="checkbox"/> Biphasic <input type="checkbox"/> Monophasic	<input type="checkbox"/> Present <input type="checkbox"/> Diminished <input type="checkbox"/> Triphasic <input type="checkbox"/> Not Audible <input type="checkbox"/> Biphasic <input type="checkbox"/> Monophasic
Doppler: Posterior Tibial	<input type="checkbox"/> Present <input type="checkbox"/> Diminished <input type="checkbox"/> Triphasic <input type="checkbox"/> Not Audible <input type="checkbox"/> Biphasic <input type="checkbox"/> Monophasic	<input type="checkbox"/> Present <input type="checkbox"/> Diminished <input type="checkbox"/> Triphasic <input type="checkbox"/> Not Audible <input type="checkbox"/> Biphasic <input type="checkbox"/> Monophasic
Ankle Brachial Index *Use Peroneal pulse only if Dorsal Pedis and/or Posterior Tibial pulses are unavailable ** In Pixalere, please chart if unable to compress arteries in the Comments text box	Dorsal Pedis Pressure: Posterior Tibial Pressure: Brachial Pressure: Peroneal Pressure*: ABI Score: Unable to compress arteries** <input type="checkbox"/>	Dorsal Pedis Pressure: Posterior Tibial Pressure: Brachial Pressure: Peroneal Pressure*: ABI Score: Unable to compress arteries** <input type="checkbox"/>
Toe Brachial Pressure Index	Toe Pressure: Brachial Pressure: TBI Score:	Toe Pressure: Brachial Pressure: TBI Score:
Semmes-Weinstein Monofilament Test 	<input type="checkbox"/> 1 st Digit <input type="checkbox"/> 3 rd Digit <input type="checkbox"/> 5 th Digit <input type="checkbox"/> 1 st MTH <input type="checkbox"/> 3 rd MTH <input type="checkbox"/> 5 th MTH <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Heel <input type="checkbox"/> Dorsum ___ / ___ Score	<input type="checkbox"/> 1 st Digit <input type="checkbox"/> 3 rd Digit <input type="checkbox"/> 5 th Digit <input type="checkbox"/> 1 st MTH <input type="checkbox"/> 3 rd MTH <input type="checkbox"/> 5 th MTH <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Heel <input type="checkbox"/> Dorsum ___ / ___ Score
Nail/Foot Care Provided	<input type="checkbox"/> Washed (prior to nail care) <input type="checkbox"/> Filed (regular) <input type="checkbox"/> Filed (rotary tool) <input type="checkbox"/> Trimmed (clippers) <input type="checkbox"/> Trimmed (nippers) <input type="checkbox"/> Trimmed (rotary tool) <input type="checkbox"/> Thinning nails (rotary tool) <input type="checkbox"/> Reduce callus (rotary tool) <input type="checkbox"/> Nail Treatment (ingrown toenail) <input type="checkbox"/> Nail Treatment (anti-fungal applied) <input type="checkbox"/> Cleansed (after nail care) <input type="checkbox"/> Moisturized <input type="checkbox"/> Sock/Footwear applied <input type="checkbox"/> Other: Comments:	<input type="checkbox"/> Washed (prior to nail care) <input type="checkbox"/> Filed (regular) <input type="checkbox"/> Filed (rotary tool) <input type="checkbox"/> Trimmed (clippers) <input type="checkbox"/> Trimmed (nippers) <input type="checkbox"/> Trimmed (rotary tool) <input type="checkbox"/> Thinning nails (rotary tool) <input type="checkbox"/> Reduce callus (rotary tool) <input type="checkbox"/> Nail Treatment (ingrown toenail) <input type="checkbox"/> Nail Treatment (anti-fungal applied) <input type="checkbox"/> Cleansed (after nail care) <input type="checkbox"/> Moisturized <input type="checkbox"/> Sock/Footwear applied <input type="checkbox"/> Other: Comments:
Positive Stemmer's Sign	Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Present: <input type="checkbox"/> Yes <input type="checkbox"/> No
Limb Shape	<input type="checkbox"/> Champagne-bottle shaped leg <input type="checkbox"/> Wasted calf muscle <input type="checkbox"/> None of the above	<input type="checkbox"/> Champagne-bottle shaped leg <input type="checkbox"/> Wasted calf muscle <input type="checkbox"/> None of the above

Pixalere Advanced Lower Limb Assessment Worksheet con't

Parameter	Right Lower Limb	Leg Lower Limb
Foot Assessment	<input type="checkbox"/> Bunion(s) <input type="checkbox"/> Callus(es) <input type="checkbox"/> Cracks/fissures <input type="checkbox"/> Corn(s) <input type="checkbox"/> Plantar's wart(s) <input type="checkbox"/> Dropped metatarsal head(s) <input type="checkbox"/> Hammertoe(s) <input type="checkbox"/> Crossed toes <input type="checkbox"/> Cracks between toes <input type="checkbox"/> Abnormal skin dryness <input type="checkbox"/> Acute Charcot <input type="checkbox"/> Chronic Charcot <input type="checkbox"/> None of the above Comments:	<input type="checkbox"/> Bunion(s) <input type="checkbox"/> Callus(es) <input type="checkbox"/> Cracks/fissures <input type="checkbox"/> Corn(s) <input type="checkbox"/> Plantar's wart(s) <input type="checkbox"/> Dropped metatarsal head(s) <input type="checkbox"/> Hammertoe(s) <input type="checkbox"/> Crossed toes <input type="checkbox"/> Cracks between toes <input type="checkbox"/> Abnormal skin dryness <input type="checkbox"/> Acute Charcot <input type="checkbox"/> Chronic Charcot <input type="checkbox"/> None of the above Comments:
Toe Nail Assessment	<input type="checkbox"/> Incorrect length - short <input type="checkbox"/> Incorrect length - long <input type="checkbox"/> Ingrown nail(s) <input type="checkbox"/> Thin <input type="checkbox"/> Brittle <input type="checkbox"/> Thickened nail(s) <input type="checkbox"/> Ridged <input type="checkbox"/> Discoloured <input type="checkbox"/> Involuted nail(s) <input type="checkbox"/> Ram's Horn formation <input type="checkbox"/> Fungal infection <input type="checkbox"/> None of the above Comments	<input type="checkbox"/> Incorrect length - short <input type="checkbox"/> Incorrect length - long <input type="checkbox"/> Ingrown nail(s) <input type="checkbox"/> Thin <input type="checkbox"/> Brittle <input type="checkbox"/> Thickened nail(s) <input type="checkbox"/> Ridged <input type="checkbox"/> Discoloured <input type="checkbox"/> Involuted nail(s) <input type="checkbox"/> Ram's Horn formation <input type="checkbox"/> Fungal infection <input type="checkbox"/> None of the above Comments:
Skin Assessment (see Basic Assessment: Skin for additional information)	<input type="checkbox"/> Blanching on elevation <input type="checkbox"/> Dependent rubor <input type="checkbox"/> Hemosiderin staining <input type="checkbox"/> Woody fibrosis <input type="checkbox"/> Venous dermatitis <input type="checkbox"/> Atrophie blanche <input type="checkbox"/> Contract dermatitis/pruritis <input type="checkbox"/> Ankle flare <input type="checkbox"/> Varicosities <input type="checkbox"/> Hyperkeratosis <input type="checkbox"/> Papillomatosis <input type="checkbox"/> None of the above	<input type="checkbox"/> Blanching on elevation <input type="checkbox"/> Dependent rubor <input type="checkbox"/> Hemosiderin staining <input type="checkbox"/> Woody fibrosis <input type="checkbox"/> Venous dermatitis <input type="checkbox"/> Atrophie blanche <input type="checkbox"/> Contract dermatitis/pruritis <input type="checkbox"/> Ankle flare <input type="checkbox"/> Varicosities <input type="checkbox"/> Hyperkeratosis <input type="checkbox"/> Papillomatosis <input type="checkbox"/> None of the above
Pain (see Basic Assessment: Pain for additional information)	<input type="checkbox"/> With deep palpation <input type="checkbox"/> Relieved with elevation <input type="checkbox"/> Relieved with rest <input type="checkbox"/> Relieved with dependent position <input type="checkbox"/> Intermittent claudication <input type="checkbox"/> Pain at night <input type="checkbox"/> No pain	<input type="checkbox"/> With deep palpation <input type="checkbox"/> Relieved with elevation <input type="checkbox"/> Relieved with rest <input type="checkbox"/> Relieved with dependent position <input type="checkbox"/> Intermittent claudication <input type="checkbox"/> Pain at night <input type="checkbox"/> No pain
Comments		
Signature/Designation		