

## Pixalere Basic Lower Limb Assessment Worksheet

Date	Name	PixID#
Parameters	Right Lower Limb	Left Lower Limb
<b>Missing Limbs or Digits</b>	<input type="checkbox"/> Leg above knee <input type="checkbox"/> Leg below knee <input type="checkbox"/> Foot partial <input type="checkbox"/> Foot all <input type="checkbox"/> Great toe <input type="checkbox"/> Second toe <input type="checkbox"/> Third toe <input type="checkbox"/> Fourth toe <input type="checkbox"/> Fifth toe <input type="checkbox"/> Not applicable	<input type="checkbox"/> Leg above knee <input type="checkbox"/> Leg below knee <input type="checkbox"/> Foot partial <input type="checkbox"/> Foot all <input type="checkbox"/> Great toe <input type="checkbox"/> Second toe <input type="checkbox"/> Third toe <input type="checkbox"/> Fourth toe <input type="checkbox"/> Fifth toe <input type="checkbox"/> Not applicable
<b>Skin Colour</b>	<b>Lower Leg:</b> <input type="checkbox"/> Pale <input type="checkbox"/> Flesh tone <input type="checkbox"/> Red <input type="checkbox"/> Bluish/purple <input type="checkbox"/> Black	<b>Lower Leg:</b> <input type="checkbox"/> Pale <input type="checkbox"/> Flesh tone <input type="checkbox"/> Red <input type="checkbox"/> Bluish/purple <input type="checkbox"/> Black
	<b>Foot:</b> <input type="checkbox"/> Pale <input type="checkbox"/> Flesh Tone <input type="checkbox"/> Red <input type="checkbox"/> Bluish/Purple <input type="checkbox"/> Black	<b>Foot:</b> <input type="checkbox"/> Pale <input type="checkbox"/> Flesh Tone <input type="checkbox"/> Red <input type="checkbox"/> Bluish/Purple <input type="checkbox"/> Black
	<b>Toes:</b> <input type="checkbox"/> Pale <input type="checkbox"/> Flesh Tone <input type="checkbox"/> Red <input type="checkbox"/> Bluish/Purple <input type="checkbox"/> Black	<b>Toes:</b> <input type="checkbox"/> Pale <input type="checkbox"/> Flesh Tone <input type="checkbox"/> Red <input type="checkbox"/> Bluish/Purple <input type="checkbox"/> Black
<b>Skin Warmth</b>	<b>Lower Leg:</b> <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold	<b>Lower Leg:</b> <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold
	<b>Foot:</b> <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold	<b>Foot:</b> <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold
	<b>Toes:</b> <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold	<b>Toes:</b> <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold
<b>Circulation      Pulses by Palpation</b>	<b>Dorsalis Pedis:</b> <input type="checkbox"/> Present <input type="checkbox"/> Diminished <input type="checkbox"/> Non-palpable	<b>Dorsalis Pedis:</b> <input type="checkbox"/> Present <input type="checkbox"/> Diminished <input type="checkbox"/> Non-palpable
	<b>Posterior Tibial:</b> <input type="checkbox"/> Present <input type="checkbox"/> Diminished <input type="checkbox"/> Non-palpable	<b>Posterior Tibial:</b> <input type="checkbox"/> Present <input type="checkbox"/> Diminished <input type="checkbox"/> Non-palpable
<b>Capillary Refill ≤3 sec</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Capillary Refill ≥3 sec</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

