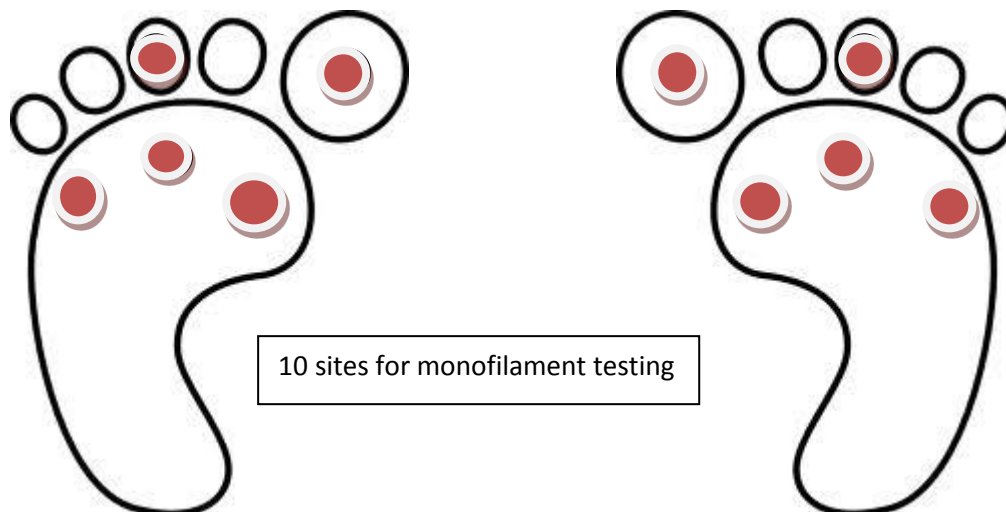


Use of the 10g monofilament in the screening of the diabetic foot

This guideline was developed in 2014 by Community Podiatry (Northern Devon NHS Trust), to reflect current national guidelines.

- Sensory examination should be done in a relaxed setting. First apply the monofilament on the patient's inner wrist so the patient knows what to expect.
- The patient must not be able to see if and where the examiner applies the monofilament. The five sites to be tested on both feet are the pulp of the 1st and 3rd toes, and MPJ's 1,3 and 5 (total 10 sites). (See figure).
- Apply the monofilament perpendicular to the skin surface.
- Apply sufficient force to cause the filament to bend or buckle for 1-1.5 seconds.
- Apply the filament at the edge of and not on an ulcer, callus, scar or necrotic tissue.
- Do not slide the filament across the skin or make repetitive contact at the test site.
- Ask the patient to respond with a 'yes' every time pressure is detected.
- For the purposes of annual review:
 - normal sensation = detecting eight or more monofilaments
 - abnormal sensation = detecting seven or fewer.

NB any patient with a current or previous foot ulcer, or amputation of any part of a foot, is already high risk, irrespective of the presence or absence of neuropathy.



References:

1. Measuring the accuracy of different ways to identify the 'at-risk' foot in routine clinical practice, G P Leese et al 2011.
2. Foot problems in diabetes, pp18-23, NHS Scotland 2008.