

# Podiatry

## Referral Criteria

### Ministry of Health criteria for podiatry referral for people with diabetes related foot complications

At risk foot (criteria for referral to community-based podiatry services)	High risk foot (criteria for referral to secondary care-based podiatry services)												
<ul style="list-style-type: none"> <li>• A positive history of diabetic foot ulceration (and no current ulceration)</li> <li>• Neuropathic foot with absence of protective sensation (patient cannot detect the 10 g monofilament at four or more testing sites)</li> <li>• Biothesiometer threshold &gt;25 V</li> <li>• Change to circulation and/or sensation with other risk factors present (see below)</li> </ul> <p>Neuropathy, musculoskeletal deformity and pre-ulcerative lesion</p> <p><b>Risk factors:</b></p> <p>Long standing diabetes</p> <table border="0"> <tr> <td>Elevated HbA<sub>1c</sub></td> <td>Nephropathy</td> </tr> <tr> <td>Visual impairment</td> <td>Poor glycaemic control</td> </tr> <tr> <td>Hypertension</td> <td>Smoking</td> </tr> <tr> <td>Dyslipidaemia</td> <td>Obesity</td> </tr> <tr> <td>Impaired mobility</td> <td>Social isolation</td> </tr> <tr> <td>Perception of risk</td> <td>Male &gt; 40 years</td> </tr> </table>	Elevated HbA <sub>1c</sub>	Nephropathy	Visual impairment	Poor glycaemic control	Hypertension	Smoking	Dyslipidaemia	Obesity	Impaired mobility	Social isolation	Perception of risk	Male > 40 years	<ul style="list-style-type: none"> <li>• Past history of gangrene or amputation</li> <li>• Peripheral vascular disease including:</li> <li>• Absent pedal pulses and a history of claudication</li> <li>• Ankle brachial index at 0.5–0.8 (indicating impaired arterial flow)</li> <li>• Night pain</li> <li>• Pre-ulcerated or ulcerated ischaemic lesion</li> </ul> <p><b>URGENT referral to secondary care</b></p> <ul style="list-style-type: none"> <li>• Neuropathic or neuro-ischaemic ulcers that have not demonstrated significant measurable improvement (30–40%) within four weeks of treatment</li> <li>• Ulcers presenting at &gt; Grade 2 or indolent Grade 1 (graded by podiatrist)</li> <li>• Cellulitis</li> <li>• Systemic signs of infection</li> <li>• Infection not responding to oral antibiotic therapy</li> <li>• Radiological or clinical evidence of bone involvement including active Charcot’s neuroarthropathy</li> </ul>
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- [BPAC NZ](#) Screening and Management of “The Diabetic Foot”