

**International Working Group on the Diabetic Foot Risk Classification System<sup>1</sup> with Associated Interventions**

Risk Category	Criteria	Interventions	Risk for Ulceration or Amputation in the Next 3 Years <sup>2</sup>
<p align="center"><b>0</b></p> <p><b>Normal, no neuropathy</b></p>	<ul style="list-style-type: none"> <li>• Diagnosis of diabetes</li> <li>• Intact sensation</li> <li>• ABI &gt;0.8mmHg or toe pressure &gt;45mmHg</li> <li>• No hx of ulceration</li> <li>• +/- Foot deformity</li> </ul>	<ul style="list-style-type: none"> <li>• Education including advise on appropriate footwear</li> <li>• Possible shoe accommodations</li> <li>• <b>Annual</b> assessment by a generalist physician:               <ul style="list-style-type: none"> <li>○ Neurovascular status, i.e. palpation of pedal pulses, 10g monofilament testing</li> <li>○ Dermal thermometry</li> <li>○ Inspection of feet and footwear</li> </ul> </li> </ul>	<p align="center">5.1% risk of ulceration</p>
<p align="center"><b>1</b></p> <p><b>Loss of protective sensation (LOPS)</b></p>	<ul style="list-style-type: none"> <li>• Diagnosis of diabetes</li> <li>• Sensation absent</li> <li>• ABI &gt;0.8mmHg or toe pressure &gt;45mmHg</li> <li>• No hx of ulceration or Charcot deformity</li> <li>• No foot deformity</li> </ul>	<p>Same interventions as category 0 <b>PLUS</b>:</p> <ul style="list-style-type: none"> <li>• Consider prescriptive/accommodative footwear (this will require a pedorthic or orthotist consult)</li> <li>• Assessment of the person by a generalist physician <b>every three to six months</b>:               <ul style="list-style-type: none"> <li>○ Neurovascular status, i.e. palpation of pedal pulses, 10g monofilament testing</li> <li>○ Dermal thermometry</li> <li>○ Inspection of feet and footwear</li> <li>○ Yearly dynamic plantar pressure updates</li> </ul> </li> </ul>	<p align="center">14.3% risk of ulceration</p>
<p align="center"><b>2a</b></p> <p><b>LOPS and deformity</b></p>	<ul style="list-style-type: none"> <li>• Diagnosis of diabetes</li> <li>• Sensation absent</li> <li>• ABI &gt;0.8mmHg or toe pressure &gt;45mmHg</li> <li>• No hx of ulceration or Charcot deformity</li> <li>• Foot deformity (focus of stress)</li> </ul>	<p>Same interventions as category 1 <b>PLUS</b>:</p> <ul style="list-style-type: none"> <li>• Consider pedorthic/orthotic consultation for possible custom-molded/extra-depth shoes</li> <li>• Consider need for prophylactic surgery if footwear is not able to accommodate foot deformity or relieve the focus of stress</li> <li>• Assessment of the person by a generalist physician <b>every two-three months</b>:               <ul style="list-style-type: none"> <li>○ Neurovascular status, i.e. palpation of pedal pulses, 10g monofilament testing</li> <li>○ Dermal thermometry</li> <li>○ Inspection of feet and footwear</li> <li>○ Yearly dynamic plantar pressure updates</li> </ul> </li> </ul>	<p align="center">18.8% risk of ulceration</p> <p align="center">3.1% risk of amputation</p>

<p><b>2b</b></p> <p><b>Peripheral arterial disease</b></p>	<ul style="list-style-type: none"> <li>• Diagnosis of diabetes</li> <li>• Sensation present/absent</li> <li>• ABI &lt;0.8mmHg or toe pressure &lt;45mmHg</li> <li>• May have an ulcer</li> </ul>	<p>Same interventions as category 2a <b>PLUS</b>:</p> <ul style="list-style-type: none"> <li>• Consider vascular consultation, possible revascularization</li> <li>• Assessment of the person by a specialist physician <b>every two-three months</b></li> </ul>	<p>18.8% risk of ulceration</p> <p>3.1% risk of amputation</p>
<p><b>3a</b></p> <p><b>Pervious history of ulceration</b></p>	<ul style="list-style-type: none"> <li>• Diagnosis of diabetes</li> <li>• Sensation absent</li> <li>• ABI &gt;0.8mmHg or toe pressure &gt;45mmHg</li> <li>• Hx of ulceration and/or Charcot deformity</li> <li>• Foot deformity (focus of stress)</li> </ul>	<p>Same interventions as category 2a <b>PLUS</b>:</p> <ul style="list-style-type: none"> <li>• Assessment of the person by a specialist physician <b>every one-two months</b></li> </ul>	<p>55.8% risk of ulceration</p> <p>20.9% risk of amputation</p>
<p><b>3b</b></p> <p><b>Previous history of amputation</b></p>	<ul style="list-style-type: none"> <li>• Diagnosis of diabetes</li> <li>• Sensation absent</li> <li>• ABI &gt;0.8mmHg or toe pressure &gt;45mmHg or ABI &lt;0.8mmHg or toe pressure &lt;45mmHg</li> <li>• Hx of ulceration and/or Charcot deformity</li> <li>• Foot deformity (focus of stress)</li> </ul>	<p>Same interventions as category 3a <b>PLUS</b>:</p> <ul style="list-style-type: none"> <li>• Assessment of the person by a specialist physician <b>every one-two months</b></li> </ul> <p>NOTE: If there is a below knee amputation on one leg, there is a 50% likelihood of a similar amputation on the opposite extremity within five years<sup>3</sup></p>	<p>55.8% risk of ulceration</p> <p>20.9% risk of amputation</p>

### References

1. Lavery L, Peters E, Williams J, et al. Reevaluating the way we classify the diabetic foot: Restructuring the diabetic foot risk classification system of the International Working Group on the Diabetic Foot. *Diabetes Care*. 2008;31(1):154–156.
2. Peters EJ, Lavery LA. Effectiveness of the diabetic foot risk classification system of the International Working Group on the Diabetic Foot. *Diabetes Care*. 2001;24(8):1442.
3. Izumi Y, Satterfield K, Kee S, et al. Risk of amputation in diabetic patients stratified by limb and level of amputation: A 10 year observation. *Diabetes Care*. 2006;29(3):566-570.