

South West Regional Wound Care Program Interdisciplinary Lower Leg Assessment Form

Person's Name: _____

ID Number: _____

Assessment Date: _____

EDEMA

Right Leg				Left Leg			
Date of Onset: _____				Date of Onset: _____			
<input type="checkbox"/> Asymmetrical with Contra-Lateral Limb				<input type="checkbox"/> Asymmetrical with Contra-Lateral Limb			
Location: <input type="checkbox"/> Toes <input type="checkbox"/> Foot <input type="checkbox"/> B/K				Location: <input type="checkbox"/> Toes <input type="checkbox"/> Foot <input type="checkbox"/> B/K			
<input type="checkbox"/> A/K <input type="checkbox"/> Sacral <input type="checkbox"/> Ascites				<input type="checkbox"/> A/K <input type="checkbox"/> Sacral <input type="checkbox"/> Ascites			
Description: Press finger into edema x 10 –15 seconds				Description: Press finger into edema x 10 –15 seconds			
Pitting: <input type="checkbox"/> 1+ = 0 - ¼” <input type="checkbox"/> 2+ = ¼” – ½” <input type="checkbox"/> 3+ = ½ - 1”				Pitting: <input type="checkbox"/> 1+ = 0 - ¼” <input type="checkbox"/> 2+ = ¼” – ½” <input type="checkbox"/> 3+ = ½ - 1”			
<input type="checkbox"/> 4+ = takes several minutes to rebound				<input type="checkbox"/> 4+ = takes several minutes to rebound			
<input type="checkbox"/> Non-Pitting <input type="checkbox"/> Brawny Induration				<input type="checkbox"/> Non-Pitting <input type="checkbox"/> Brawny Induration			
Edema Measurements:				Measurements:			
Midfoot= _____ cm	Heel→10cm= _____ cm	Midfoot= _____ cm	Heel→10 cm= _____ cm	Midfoot= _____ cm	Heel→10 cm= _____ cm	Midfoot= _____ cm	Heel→10 cm= _____ cm
Heel→20 cm= _____ cm	Heel→30 cm= _____ cm	Heel→20 cm= _____ cm	Heel→30 cm= _____ cm	Heel→20 cm= _____ cm	Heel→30 cm= _____ cm	Heel→20 cm= _____ cm	Heel→30 cm= _____ cm
Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm
Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm	Heel→ _____ cm= _____ cm
<input type="checkbox"/> Previous use of compression stockings				<input type="checkbox"/> Previous use of compression stockings			
<input type="checkbox"/> Adherent to wearing compression stockings in past				<input type="checkbox"/> Adherent to wearing compression stockings in past			
Age of current compression stockings: _____				Age of current compression stockings: _____			

LYMPHEDEMA

Right Leg		Left Leg	
<input type="checkbox"/> Positive Stemmer's Sign - A thickened skin fold at the base of the second toe that cannot be lifted.		<input type="checkbox"/> Positive Stemmer's Sign - A thickened skin fold at the base of the second toe that cannot be lifted.	
<input type="checkbox"/> ISL Stage I - accumulation of tissue fluid that subsides with limb elevation. Edema may be pitting.		<input type="checkbox"/> ISL Stage I - accumulation of tissue fluid that subsides with limb elevation. Edema may be pitting.	
<input type="checkbox"/> ISL Stage II - Limb elevation alone rarely reduces swelling and pitting is manifest.		<input type="checkbox"/> ISL Stage II - Limb elevation alone rarely reduces swelling and pitting is manifest.	
<input type="checkbox"/> ISL Late Stage II - There may or may not be pitting as tissue fibrosis is more evident.		<input type="checkbox"/> ISL Late Stage II - There may or may not be pitting as tissue fibrosis is more evident.	
<input type="checkbox"/> ISL Stage III - The tissue is hard (fibrotic) and pitting is absent. Skin changes such as thickening, hyperpigmentation, increased skin folds, fat deposits and warty overgrowths develop.		<input type="checkbox"/> ISL Stage III - The tissue is hard (fibrotic) and pitting is absent. Skin changes such as thickening, hyperpigmentation, increased skin folds, fat deposits and warty overgrowths develop.	

LIPEDEMA ASSESSMENT

Right Leg		Left Leg	
Lipedema S&S		Lipedema S&S	
<input type="checkbox"/> "Diet resistant" fat deposits in legs bilaterally with symmetry, with no edema of feet.		<input type="checkbox"/> "Diet resistant" fat deposits in legs bilaterally with symmetry, with no edema of feet.	
<input type="checkbox"/> Sharp demarcation between normal and abnormal tissue at the ankle giving "pantaloon" appearance.		<input type="checkbox"/> Sharp demarcation between normal and abnormal tissue at the ankle giving "pantaloon" appearance.	
<input type="checkbox"/> Fatty pads anterior to lateral malleolus & between Achilles tendon and medial malleolus.		<input type="checkbox"/> Fatty pads anterior to lateral malleolus & between Achilles tendon and medial malleolus.	
<input type="checkbox"/> Skin normal in texture without thickening or fibrosis seen in lymphedema (leg is soft, not hard).		<input type="checkbox"/> Skin normal in texture without thickening or fibrosis seen in lymphedema (leg is soft, not hard).	

ACTIONS: Refer to a Wound Care Specialist/ET Nurse for assessment re compression therapy
 Refer to PT for ankle/calf-muscle pump training



X

Signature and Designation

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SKIN & ANATOMY

Right Leg		Left Leg	
Venous Signs & Symptoms	Arterial Signs & Symptoms	Venous Signs & Symptoms	Arterial Signs & Symptoms
<input type="checkbox"/> Varicosities/spider veins <input type="checkbox"/> Hemosiderin staining <input type="checkbox"/> Chronic Lipodermatosclerosis <input type="checkbox"/> Acute lipodermatosclerosis <input type="checkbox"/> Stasis dermatitis <input type="checkbox"/> Atrophie blanche <input type="checkbox"/> Woody fibrosis <input type="checkbox"/> Ankle (submalleolar) flare <input type="checkbox"/> Ulcer base shallow, moist with granulation &/or yellow slough/ fibrin, & irregular edges <input type="checkbox"/> Ulcer located in gaiter region (lower 1/3 of calf) <input type="checkbox"/> Ulcer located superior to the medial malleolus <input type="checkbox"/> Scarring from prev. ulc. <input type="checkbox"/> Edema (pitting or firm) <input type="checkbox"/> Family history of venous disease <input type="checkbox"/> History of DVT <input type="checkbox"/> Significant previous lower leg injury <input type="checkbox"/> Previous vein surgery <input type="checkbox"/> Prior history of leg ulceration <input type="checkbox"/> Obesity <input type="checkbox"/> Sedentary lifestyle	<input type="checkbox"/> Hairless <input type="checkbox"/> Thin <input type="checkbox"/> Shiny <input type="checkbox"/> Dependent rubor <input type="checkbox"/> Blanching on elevation <input type="checkbox"/> Feet cool/cold/blue <input type="checkbox"/> Toes cool/cold/blue/gangrenous <input type="checkbox"/> Lower temperature in right leg compared to left <input type="checkbox"/> Capillary refill time: > 3 seconds <input type="checkbox"/> Ulcer located on foot or toes <input type="checkbox"/> Ulcer base pale and dry&/or contains eschar <input type="checkbox"/> Ulcer round and punched out in appearance <input type="checkbox"/> Gangrene wet/dry <input type="checkbox"/> Family history of arterial etiology <input type="checkbox"/> Heart disease, CVA, MI <input type="checkbox"/> Diabetes <input type="checkbox"/> PVD <input type="checkbox"/> Intermittent claudication <input type="checkbox"/> Smoking <input type="checkbox"/> Ischemic rest pain	<input type="checkbox"/> Varicosities/spider veins <input type="checkbox"/> Hemosiderin staining <input type="checkbox"/> Chronic Lipodermatosclerosis <input type="checkbox"/> Acute lipodermatosclerosis <input type="checkbox"/> Stasis dermatitis <input type="checkbox"/> Atrophie blanche <input type="checkbox"/> Woody fibrosis <input type="checkbox"/> Ankle (submalleolar) flare <input type="checkbox"/> Ulcer base shallow, moist with granulation &/or yellow slough/ fibrin, & irregular edges <input type="checkbox"/> Ulcer located in gaiter region (lower 1/3 of calf) <input type="checkbox"/> Ulcer located superior to the medial malleolus <input type="checkbox"/> Scarring from prev. ulc. <input type="checkbox"/> Edema (pitting or firm) <input type="checkbox"/> Family history of venous disease <input type="checkbox"/> History of DVT <input type="checkbox"/> Significant previous lower leg injury <input type="checkbox"/> Previous vein surgery <input type="checkbox"/> Prior history of leg ulceration <input type="checkbox"/> Obesity <input type="checkbox"/> Sedentary lifestyle	<input type="checkbox"/> Hairless <input type="checkbox"/> Thin <input type="checkbox"/> Shiny <input type="checkbox"/> Dependent rubor <input type="checkbox"/> Blanching on elevation <input type="checkbox"/> Feet cool/cold/blue <input type="checkbox"/> Toes cool/cold/blue/gangrenous <input type="checkbox"/> Lower temperature in left leg compared to right <input type="checkbox"/> Capillary refill time: > 3 seconds <input type="checkbox"/> Ulcer located on foot or toes <input type="checkbox"/> Ulcer base pale and dry&/or contains eschar <input type="checkbox"/> Ulcer round and punched out in appearance <input type="checkbox"/> Gangrene wet/dry <input type="checkbox"/> Family history of arterial etiology <input type="checkbox"/> Heart disease, CVA, MI <input type="checkbox"/> Diabetes <input type="checkbox"/> PVD <input type="checkbox"/> Intermittent claudication <input type="checkbox"/> Smoking <input type="checkbox"/> Ischemic rest pain

ULCER OR PRE-ULCEROUS CONDITIONS

Right Leg	Left Leg
<input type="checkbox"/> History of Previous Ulcer? Years _____ <input type="checkbox"/> Date of Onset of Current Ulcer? _____	<input type="checkbox"/> History of Previous Ulcer? Years _____ <input type="checkbox"/> Date of Onset of Current Ulcer? _____
<input type="checkbox"/> Multiple Wounds Locations:	<input type="checkbox"/> Multiple Wounds Locations:
<input type="checkbox"/> Skin stretched with imminent breakdown <input type="checkbox"/> Serous weeping from leg without signs of ulceration <input type="checkbox"/> Sub-keratotic hemorrhage under callus <input type="checkbox"/> Probes to bone	<input type="checkbox"/> Skin stretched with imminent breakdown <input type="checkbox"/> Serous weeping from leg without signs of ulceration <input type="checkbox"/> Sub-keratotic hemorrhage under callus <input type="checkbox"/> Probes to bone

UNUSUAL ULCER

- Unusual location:
- Unusual appearance:
- Present longer than 6 months with failure to respond to optimal treatment

ACTIONS: Request tissue biopsy for wounds that suggest malignant growth or if the wound is non-responsive to best practices



X

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Date: _____

LEG PAIN

Right Leg			Left Leg		
Other Symptoms	Venous Symptoms	Arterial Symptoms	Other Symptoms	Venous Symptoms	Arterial Symptom
<input type="checkbox"/> Deep bone pain (? Osteomyelitis) <input type="checkbox"/> Pain in ulcer (? Infection) <input type="checkbox"/> Known arthritic pain	<input type="checkbox"/> Pain with deep palpation <input type="checkbox"/> Pain relieved with elevation <input type="checkbox"/> Aching pain	<input type="checkbox"/> Knife-like pain <input type="checkbox"/> Intermittent claudication <input type="checkbox"/> Increased pain with limb elevation <input type="checkbox"/> Pain at night or at rest	<input type="checkbox"/> Deep bone pain (? Osteomyelitis) <input type="checkbox"/> Pain in ulcer (? Infection) <input type="checkbox"/> Known arthritic pain	<input type="checkbox"/> Pain with deep palpation <input type="checkbox"/> Pain relieved with elevation <input type="checkbox"/> Aching pain	<input type="checkbox"/> Knife-like pain <input type="checkbox"/> Intermittent claudication <input type="checkbox"/> Increased pain with limb elevation <input type="checkbox"/> Pain at night or at rest

Consider referral to Family physician, pain specialist, or physiotherapist to address pain control

CIRCULATION: PULSE ASSESSMENT

Right Leg		Left Leg	
Dorsalis-Pedis:	Post-Tibial:	Dorsalis-Pedis:	Post-Tibial:
<input type="checkbox"/> Present (normal) <input type="checkbox"/> Diminished <input type="checkbox"/> Bounding <input type="checkbox"/> Absent	<input type="checkbox"/> Present (normal) <input type="checkbox"/> Diminished <input type="checkbox"/> Bounding <input type="checkbox"/> Absent	<input type="checkbox"/> Present (normal) <input type="checkbox"/> Diminished <input type="checkbox"/> Bounding <input type="checkbox"/> Absent	<input type="checkbox"/> Present (normal) <input type="checkbox"/> Diminished <input type="checkbox"/> Bounding <input type="checkbox"/> Absent

CIRCULATION: ABPI *To have been completed by a trained individual within the past six months

Right Leg		Left Leg	
Dorsalis Pedis:	Post-tibial:	Dorsalis Pedis:	Post-tibial:
Brachial:	ABPI:	Brachial:	ABPI:

INTERPRETATION OF ABPI *Compression chosen based on ABPI results and whole person assessment

- ABPI >1.2 or Non-Compressible** → Abnormal, refer for segmental compression studies
- Normal = >0.9 to 1.2** → Implement high compression therapy if indicated, i.e. Coban 2, Profore, Proguide, Surepress
- ABPI 0.8 - 0.9** → Mild ischemia (venous) – Moderate to High compression, i.e. Coban 2, Profore, Proguide, Surepress
- ABPI 0.5 to 0.79** → Moderate ischemia (mixed) – Light compression, i.e. Coban 2 Lite, Viscopaste, Tubigrip, refer for segmental compression studies
- ABPI 0.35 to 0.49** → Moderately severe ischemia (arterial) – NO compression, URGENT refer to vascular surgeon
- ABPI 0.2 to 0.34** → Severe ischemia (arterial) – NO compression, URGENT refer to vascular surgeon
- ABPI <0.2** → Critical ischemia (arterial) – NO compression, URGENT refer to vascular surgeon

Impression:

- Venous leg ulcer
- Mixed leg ulcer
- Arterial leg ulcer
- Other _____

Complicated by:

- Lymphedema, stage _____
- Lipedema

Healability:

- Healable
- Maintenance
- Non-Healable/Palliative



X

Signature and Designation