# International Working Group on the Diabetic Foot Risk Classification System with Associated Interventions

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Criteria</th>
<th>Interventions</th>
<th>Risk for Ulceration or Amputation in the Next 3 Years</th>
</tr>
</thead>
</table>
| **0** Normal, no neuropathy | - Diagnosis of diabetes  
   - Intact sensation  
   - ABI >0.8mmHg or toe pressure >45mmHg  
   - No hx of ulceration  
   - +/- Foot deformity | - Education including advise on appropriate footwear  
   - Possible shoe accommodations  
   - **Annual** assessment by a generalist physician:  
     - Neurovascular status, i.e. palpation of pedal pulses, 10g monofilament testing  
     - Dermal thermometry  
     - Inspection of feet and footwear | 5.1% risk of ulceration |
| **1** Loss of protective sensation (LOPS) | - Diagnosis of diabetes  
   - Sensation absent  
   - ABI >0.8mmHg or toe pressure >45mmHg  
   - No hx of ulceration or Charcot deformity  
   - No foot deformity | Same interventions as category 0 **PLUS**:  
   - Consider prescriptive/accommodative footwear (this will require a pedorthic or orthotist consult)  
   - Assessment of the person by a generalist physician **every three to six months**:  
     - Neurovascular status, i.e. palpation of pedal pulses, 10g monofilament testing  
     - Dermal thermometry  
     - Inspection of feet and footwear  
     - Yearly dynamic plantar pressure updates | 14.3% risk of ulceration |
| **2a** LOPS and deformity | - Diagnosis of diabetes  
   - Sensation absent  
   - ABI >0.8mmHg or toe pressure >45mmHg  
   - No hx of ulceration or Charcot deformity  
   - Foot deformity (focus of stress) | Same interventions as category 1 **PLUS**:  
   - Consider pedorthic/orthotic consultation for possible custom-molded/extra-depth shoes  
   - Consider need for prophylactic surgery if footwear is not able to accommodate foot deformity or relieve the focus of stress  
   - Assessment of the person by a generalist physician **every two-three months**:  
     - Neurovascular status, i.e. palpation of pedal pulses, 10g monofilament testing  
     - Dermal thermometry  
     - Inspection of feet and footwear  
     - Yearly dynamic plantar pressure updates | 18.8% risk of ulceration  
3.1% risk of amputation |
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Interventions</th>
<th>Risk of Ulceration</th>
<th>Risk of Amputation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2b</strong></td>
<td>Peripheral arterial disease</td>
<td>Diagnosis of diabetes&lt;br&gt;Sensation present/absent&lt;br&gt;ABI &lt;0.8mmHg or toe pressure &lt;45mmHg&lt;br&gt;May have an ulcer</td>
<td>Same interventions as category 2a PLUS:&lt;br&gt;- Consider vascular consultation, possible revascularization&lt;br&gt;- Assessment of the person by a specialist physician every two-three months</td>
<td>18.8%</td>
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<tr>
<td><strong>3a</strong></td>
<td>Previous history of ulceration</td>
<td>Diagnosis of diabetes&lt;br&gt;Sensation absent&lt;br&gt;ABI &gt;0.8mmHg or toe pressure &gt;45mmHg&lt;br&gt;Hx of ulceration and/or Charcot deformity&lt;br&gt;Foot deformity (focus of stress)</td>
<td>Same interventions as category 2a PLUS:&lt;br&gt;- Assessment of the person by a specialist physician every one-two months</td>
<td>55.8%</td>
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<tr>
<td><strong>3b</strong></td>
<td>Previous history of amputation</td>
<td>Diagnosis of diabetes&lt;br&gt;Sensation absent&lt;br&gt;ABI &gt;0.8mmHg or toe pressure &gt;45mmHg or ABI &lt;0.8mmHg or toe pressure &lt;45mmHg&lt;br&gt;Hx of ulceration and/or Charcot deformity&lt;br&gt;Foot deformity (focus of stress)</td>
<td>Same interventions as category 3a PLUS:&lt;br&gt;- Assessment of the person by a specialist physician every one-two months&lt;br&gt;- 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</td>
<td>55.8%</td>
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**References**