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

LYMPHEDEMA

Right Leg	Left Leg
☐ **Positive Stemmer's Sign -** A thickened skin fold at the base of the second toe that cannot be lifted.	☐ **Positive Stemmer's Sign -** A thickened skin fold at the base of the second toe that cannot be lifted.
☐ **ISL Stage I-** accumulation of tissue fluid that subsides with limb elevation. Edema may be pitting.	☐ **ISL Stage I** - accumulation of tissue fluid that subsides with limb elevation. Edema may be pitting.
☐ **ISL Stage II -** Limb elevation alone rarely reduces swelling and pitting is manifest.	☐ **ISL Stage II -** Limb elevation alone rarely reduces swelling and pitting is manifest.
☐ **ISL Late Stage II** - There may or may not be pitting as tissue fibrosis is more evident.	☐ **ISL Late Stage II** - There may or may not be pitting as tissue fibrosis is more evident.
☐ **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.	☐ **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**
☐ "Diet resistant" fat deposits in legs bilaterally with symmetry, with no edema of feet.	☐ "Diet resistant" fat deposits in legs bilaterally with symmetry, with no edema of feet.
☐ Sharp demarcation between normal and abnormal tissue at the ankle giving "pantaloon" appearance.	☐ Sharp demarcation between normal and abnormal tissue at the ankle giving "pantaloon" appearance.
☐ Fatty pads anterior to lateral malleolus & between Achilles tendon and medial malleolus.	☐ Fatty pads anterior to lateral malleolus & between Achilles tendon and medial malleolus.
☐ Skin normal in texture without thickening or fibrosis seen in lymphedema (leg is soft, not hard).	☐ 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

Person's Name: _____ ID Number: _____ Date: _____

SKIN & ANATOMY

Right Leg

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

Left Leg

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

ULCER OR PRE-ULCEROUS CONDITIONS

Right Leg	Left Leg
☐ History of Previous Ulcer? Years _____	☐ History of Previous Ulcer? Years _____
☐ Date of Onset of Current Ulcer? _____	☐ Date of Onset of Current Ulcer? _____
☐ Multiple Wounds Locations:	☐ Multiple Wounds Locations:
☐ Skin stretched with imminent breakdown	☐ Skin stretched with imminent breakdown
☐ Serous weeping from leg without signs of ulceration	☐ Serous weeping from leg without signs of ulceration
☐ Sub-keratotic hemorrhage under callus	☐ Sub-keratotic hemorrhage under callus
☐ Probes to bone	☐ 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***

SOUTHWEST REGIONAL WOUND CARE PROGRAM

X _____

Signature and Designation

Person's Name: _____ ID Number: _____ Date: _____

LEG PAIN

Right Leg			Left Leg		
Other Symptoms	**Venous Symptoms**	**Arterial Symptoms**	**Other Symptoms**	**Venous Symptoms**	**Arterial Symptom**
☐ Deep bone pain (? Osteomyelitis) ☐ Pain in ulcer (? Infection) ☐ Known arthritic pain	☐ Pain with deep palpation ☐ Pain relieved with elevation ☐ Aching pain	☐ Knife-like pain ☐ Intermittent claudication ☐ Increased pain with limb elevation ☐ Pain at night or at rest	☐ Deep bone pain (? Osteomyelitis) ☐ Pain in ulcer (? Infection) ☐ Known arthritic pain	☐ Pain with deep palpation ☐ Pain relieved with elevation ☐ Aching pain	☐ Knife-like pain ☐ Intermittent claudication ☐ Increased pain with limb elevation ☐ 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: ☐ Present (normal) ☐ Diminished ☐ Bounding ☐ Absent	Post-Tibial: ☐ Present (normal) ☐ Diminished ☐ Bounding ☐ Absent	Dorsalis-Pedis: ☐ Present (normal) ☐ Diminished ☐ Bounding ☐ Absent	Post-Tibial: ☐ Present (normal) ☐ Diminished ☐ Bounding ☐ 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