

Diabetic Examination

General Examination

General Inspection

- Mental state
- Weight, height, waist circumference
- Pigmentation and skin lesions: acanthosis nigricans, haemochromatosis (bronzing)
- Abnormal gait, use of walking aids or orthoses

Arms

- Pulse and Blood pressure (including postural)

Face and Neck

- Eyes
 - Diabetic retinopathy
 - Visual acuity
- Specific Cranial Nerves
 - III (Oculomotor): All other extraocular muscles, ptosis, light reflexes, accommodation
 - IV (Trochlear): Looking for vertical diplopia
 - VI (Abducens): Looking for horizontal diplopia
- Mouth: Candida
- Carotid palpation and auscultation

Trunk

- Heart sounds
- Inspect abdomen for injection sites
- Palpate the liver, and for masses

Diabetic Foot

Leg Inspection

- Check number of toes
- Inspect between toes, on heels and up legs for ulcers
- Signs of arterial insufficiency:
 - Ulcers in webbing, lateral ulceration
 - Hair loss
 - Atrophy
- Neuropathy
 - Ulcers: painless, margin of surrounding numbness
 - Charcot's joint: grossly deformed, disorganised joints
- Infection
 - Cellulitis
 - Gangrene
 - Fungal infections (ensure to look for nail changes such as pitting)

Palpation

- Capillary refill
- Temperature
- Neurological examination
 - Monofilament
 - Proprioception and vibration (Vibration is typically first loss, followed by proprioception)
 - Ankle reflex (S1-S2)
 - Ankle power (dorsiflexion L4-L5; plantarflexion S1-S2)
- Peripheral pulses