OSCE checklist for diabetic foot examination

An OSCE checklist for diabetic foot examination covers consent, inspecting the skin, nails and shoes, checking pulses and sensation with a 10 g monofilament, deciding the risk of ulceration, escalating urgent problems and giving advice on foot care.

OSCE checklist for diabetic foot examination: steps to practise

1. Clean your hands, introduce yourself and confirm the patient's identity: full name and date of birth, checked against the wristband for inpatients.
2. Explain the examination, gain consent and ensure privacy.
3. Ask about pain, numbness, tingling, cramping on walking, previous ulcers or amputation, smoking and footwear.
4. Clean your hands. Wear gloves if there is broken skin or a wound. Ask the patient to remove shoes and socks.
5. Inspect both feet from above, below, the heels and between the toes for ulcers, calluses, cracks, infection, deformity such as claw toes or Charcot foot, colour, swelling and nails.
6. Examine the shoes and socks for wear, rough areas, foreign objects and fit.
7. Compare the temperature of both feet and check capillary refill.
8. Palpate the dorsalis pedis and posterior tibial pulses. If they are weak or absent, say you would arrange a Doppler assessment as policy says.
9. Test protective sensation with a 10 g monofilament at set sites on each foot, avoiding callus and ulcers, and vibration with a tuning fork if asked.
10. Test ankle reflexes if asked.
11. Decide the risk of ulceration (low, moderate, high or active problem) and the follow-up needed.
12. An active ulcer, spreading infection, a hot swollen foot that may be Charcot, or signs of severe ischaemia or gangrene need same-day escalation to a senior and urgent referral to the specialist foot team.

13. Give advice on daily foot checks, footwear, nail care and when to seek urgent help. Clean your hands and document the findings.

What candidates commonly forget

- Not looking between the toes and at the heels
- Not checking the shoes
- Testing the monofilament on callus
- Not stating the risk level
- Not escalating an active foot problem urgently
- Not giving foot care advice

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try A community foot review. Back to the medicine OSCE for MBBS students page: medicine OSCE for MBBS students, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for diabetic foot examination?

Confirm identity, consent, history, inspect skin, nails and shoes, check temperature and pulses, test sensation with a monofilament, decide the risk, escalate active problems, give advice and document.

What is a monofilament?

A thin nylon filament pressed against the foot until it bends, to test protective sensation.

Why look between the toes?

Skin breakdown and infection can hide there and can lead to ulcers.

What counts as urgent?

An active ulcer, spreading infection, a suspected Charcot foot, severe ischaemia or gangrene. These need urgent referral to the specialist foot team.

Sources

- NICE NG19: diabetic foot problems
- GMC: good medical practice

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.