

# Appendix E: University of Texas Foot Classification System – Categories 0-3: Risk Factors for Ulceration

CATEGORY 0: NO PATHOLOGY	CATEGORY 1: NEUROPATHY, NO DEFORMITY
<ul style="list-style-type: none"> <li>■ Patient diagnosed with diabetes mellitus</li> <li>■ Protective sensation intact</li> <li>■ Ankle Brachial Pressure Index (ABPI) &gt; 0.80 and toe systolic pressure &gt;45 mmHg</li> <li>■ Foot deformity may be present</li> <li>■ No history of ulceration</li> </ul> <p><b>POSSIBLE TREATMENT FOR CATEGORY 0</b></p> <ul style="list-style-type: none"> <li>■ Two to three visits a year to assess neurovascular status, dermal thermometry, and foci of stress</li> <li>■ Possible shoe accommodations</li> <li>■ Patient education</li> </ul>	<ul style="list-style-type: none"> <li>■ Protective sensation absent</li> <li>■ Ankle Brachial Pressure Index (ABPI) &gt; 0.80 and toe systolic pressure &gt;45 mmHg</li> <li>■ No history of ulceration</li> <li>■ No history of diabetic neuropathic osteoarthropathy (Charcot's joint)</li> <li>■ No foot deformity</li> </ul> <p><b>POSSIBLE TREATMENT FOR CATEGORY 1</b></p> <p>Same as Category 0 plus:</p> <ul style="list-style-type: none"> <li>■ Possible shoe gear accommodation (pedorthic/orthotist consultation)</li> <li>■ Quarterly visits to assess shoe gear and monitor for signs of irritation</li> </ul>

CATEGORY 2: NEUROPATHY WITH DEFORMITY	CATEGORY 3: HISTORY OF PATHOLOGY
<ul style="list-style-type: none"> <li>■ Protective sensation absent</li> <li>■ Ankle Brachial Pressure Index (ABPI) &gt;0.80 and toe systolic pressure &gt;45 mmHg</li> <li>■ No history of neuropathic ulceration</li> <li>■ No history of Charcot’s joint</li> <li>■ Foot deformity present (focus of stress)</li> </ul> <p><b>POSSIBLE TREATMENT FOR CATEGORY 2</b></p> <p>Same as Category 1 plus:</p> <ul style="list-style-type: none"> <li>■ Pedorthic/orthotist consultation for possible custom molded/extra depth shoe accommodation</li> <li>■ Possible prophylactic surgery to alleviate focus of stress (e.g., correction of hammer toe or bunion deformity)</li> </ul>	<ul style="list-style-type: none"> <li>■ Protective sensation absent</li> <li>■ Ankle Brachial Pressure Index (ABPI) &gt;0.80 and toe systolic pressure &gt;45 mmHg</li> <li>■ History of neuropathic ulceration</li> <li>■ History of Charcot’s joint</li> <li>■ Foot deformity present (focus of stress)</li> </ul> <p><b>POSSIBLE TREATMENT OF CATEGORY 3</b></p> <p>Same as Category 2 plus:</p> <ul style="list-style-type: none"> <li>■ Pedorthic/orthotist consultation for custom molded/extra depth shoe accommodation</li> <li>■ Possible prophylactic surgery to alleviate the focus of stress (e.g., correction of bunion or hammer toe)</li> <li>■ More frequent visits may be indicated for monitoring</li> </ul>

Note. From “Practical criteria for screening patients at high risk for diabetic foot ulceration,” by L.A. Lavery, D.G. Armstrong, S.A. Vela, T.L. Quebedeau and J.G. Fleishchli, 1998, *Archives of Internal Medicine*, 158(2), p. 157-162. Reprinted with permission of Dr. D.G. Armstrong.