



## Offloading Assessment Form

Patient Name: \_\_\_\_\_ BRN: \_\_\_\_\_

Patient DOB: (dd/mm/yyyy) \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* NOTE:** Gold standard treatment of a Diabetic/Neuropathic Foot Ulcer is a knee-high Total Contact Cast (TCC). A Removable Cast Walker (RCW) is the next best option. An offloading shoe is a second tier device that is appropriate for use when the patient cannot wear a first tier device\*\*

**Assessment:**

A comprehensive lower leg assessment was completed by a Wound Care Specialist prior to request for offloading	YES	NO
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Wound Location	Toe pads	Plantar Heel	Forefoot
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Right Left	Midfoot Charcot	Midfoot non-charcot	Other:
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ABPI	TBPI
Rt: _____ Lt: _____	Rt: _____ Lt: _____

Has the patient been assessed for TCC? If yes: date: _____	YES	NO
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Is the offloading device being used prior to TCC application or as a step down from TCC post healing?  If yes - post: Date TCC Removed: _____	YES – pre-TCC	NO
	YES – post-TCC	

Patient has interdisciplinary team in place that is appropriate; including Diabetes Education Program (DEP)	YES	NO
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Patient is agreeable to wearing offloading as directed, per evidenced based practice and health teaching provided on risks to wound healing if offloading device is removed and patient walks on affected foot (even one step)	YES	NO
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Patient's Most Responsible Prescriber is aware of plan and in agreement? Offloading Shoe MUR sent?	YES	NO
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The Patient is able to independently manage the device or has a support person able to help	YES	NO
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Patient has a foot care professional capable of managing orthotics/customizations post discharge	YES	NO
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Patient has a long term offloading plan in place?	YES	NO
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Patient Name: \_\_\_\_\_

BRN: \_\_\_\_\_

*For Offloading Shoes:*

Patient not appropriate for TCC/RCW, rationale:

- Gait unstable / risk for falls
- Inadequate vascular status
- Active, untreated infection
- Patient Factors (must be able to drive, cannot wear at work and cannot take time off work)
- Other reasons (explanation required)

Assessed Date:

Details:

Patient's goal is to heal the wound, and the patient agrees to manage modifiable factors affecting healing:

- Nutritional Status
- Blood Sugar Control
- Smoking cessation
- Good Hygiene
- Activity should still be restricted, even with the offloading on

YES

NO

The Offloading device will be removed if any of the following occur:

- Wound deteriorates with no other known cause
- New onset of wound infection (until treated)
- Uncontrolled or excessive bleeding
- Uncontrolled pain
- Non-adherence
- Patient is at risk for falls and unable to safely ambulate

YES

NO

**Ordering reference information (to be ordered electronically by assessor)**

*\*Brand name of item subject to change*

Name of Item	Patient's Standard Shoe Size:
Knee High Removable Cast Walker (DH Walker)	
Heel Offloading Shoe (Darco HeelWedge)	
Forefoot Offloading Shoe (Darco OrthoWedge)	
Rocker Sole Offloading Shoe (Darco MedSurg)	
Rocker Sole Wound Care Shoe (Darco WCS closed toe)	
Flat Sole Wound Care Shoe (Darco WCS sandal)	
Peg Style Offloading Insole (Darco PegAssist)	
*patient must take insole to foot professional for peg removal)	
Wound Care Offloading Insole (Darco WCS Insole)	

**Signature of Assessor**

**Print Name and Designation**