

Clinical Task Instruction

Delegated Task

D-FC06: Support Charcot foot assessment

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant to:

- record subjective information for clients with known, or suspected Charcot foot
- observe the foot and ankle for common signs of Charcot

VERSION CONTROL

Version: 1.0

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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to the Office of the Chief Allied Health Officer (OCAHO) at: allied_health_advisory@health.qld.gov.au

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/ahassist>

Prior to use please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions> for the latest version of this CTI.

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- accurately and safely measure temperature of the foot and ankle using ten agreed locations and a handheld infra-red thermographic scanner (Dermatemp™ or equivalent) to identify clinically significant temperature gradients (+/- 2 degrees) in patients with, or suspected of, Charcot.

NB: the terms Charcot, Charcot foot, Charcot neuro-osteoarthropathy, Charcot-Marie-Tooth Disease may be used to describe the condition. This CTI will use the term Charcot. Requisite training, knowledge, skills and experience

Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Completion of CTI D-FC01: Foot screening including pedal pulses and monofilament testing.
- Completion of CTI D-FC04: Doppler ultrasound of the foot and ankle
- Completion of CTI D-FC05: Toe Pressure
- Mandatory training requirements relevant to Queensland Health clinical roles are assumed knowledge for this CTI.
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43021 Certificate IV in Allied Health Assistance) or equivalent work-based learning:

- Assist with basic foot hygiene. 2.1 Anatomy and Physiology of the Foot.

Access the module/s at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

Clinical knowledge

- The following content knowledge is required by an allied health assistant delivering this task:
 - subjective information that supports the diagnosis of Charcot including changes in foot appearance/deformity, history of trauma or diabetes
 - common signs and symptoms that support the identification of foot and ankle swelling, erythema, increased temperature/warmth, foot deformity and wounds
 - the purpose of undertaking an infra-red dermal temperature measure of the ankle and foot, including precautions infra-red dermal thermometer unit features and the application process including locations for probe placement and orientation of the ankle and foot, client position and skin preparation
 - basic foot anatomy to the extent required to undertake this CTI including names and locations of bony landmarks and areas of the foot and lower leg.
- The knowledge requirements will be met by the following activities:
 - completing the training program/s (listed above)
 - reviewing the Learning resource.
 - receiving instruction from an allied health professional in the training phase.

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an allied health assistant delivering this task:
 - Nil

Safety and quality

Client

- The allied health assistant will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the allied health assistant during the task:
 - the dermal thermometer is a high precision handheld infra-red thermographic scanner designed to detect subtle skin temperature variations caused by underlying perfusion variations. Differences in temperature recordings may indicate a local infection, cellulitis (new or pre-existing) or venous issues. To improve accuracy of recordings testing conditions should be replicated when comparing between two sides e.g. room temperature maintained, time spent with shoes and socks off.
 - If the client has a foot ulcer at the site where the thermometer will be placed, the allied health assistant should determine if the probe can be repositioned within two centimetres of the standard site and record the temperature, documenting the alternate location (medial/lateral, superior/inferior). Measures should be repeated for the new location on the other foot. If probe repositioning is not possible, document as 'no' for the site on both sides.

Equipment, aids and appliances

- As this assessment includes the use of electronic equipment, all equipment should be examined to ensure it is calibrated and in good working order e.g. switches are working properly, batteries are charged and if in a Queensland Health facility, test and tag is in situ and current. If the equipment is not in working order, cease the task. Locate alternative equipment if available. If no alternative equipment is available inform the client (and carer where relevant) and re-schedule the task and implement local processes to have the equipment fixed/replaced.

Environment

- Room temperature and/or ventilation should not be adjusted during the task as this may impact on temperature recordings. The allied health assistant should note the environment including climate during the session, if not in the usual clinic setting e.g. home visit. Room temperature does not need to be replicated between sessions as comparison is between sides of the client within a session.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional either directly or as part of a protocol.

- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
 - if the client has known or suspected Charcot, including the purpose of information collection e.g. baseline or repeat measures
 - the type of information for collection, subjective, objective or both
 - site of any wounds, foot deformities and adjustments required
 - and if not on a plinth/bed the clients transfer method e.g. slide board, stand transfer, independent, assistance required.

2. Preparation

- Equipment should be cleaned with alcohol wipes prior to use, including the probe.

3. Introduce task and seek consent

- The allied health assistant introduces themselves to the client.
- The allied health assistant checks three forms of client identification: full name, date of birth, plus one of the following: hospital unit record (UR) number, Medicare number, or address.
- The allied health assistant describes the task to the client. For example:
 - “I am here to complete an assessment of your foot, including temperature testing.”
- The allied health assistant seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, Version 2.6 (2025).

4. Positioning

- The client's position during the task should be:
 - seated on the bed/plinth or couch with leg supported. The client should be comfortable and relaxed.
- The allied health assistant's position during the task should be:
 - seated, or standing, at the foot of the bed or chair opposite the client's feet at mid trunk level.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
 1. Collect information from the client and the medical chart on the client's risk of Charcot foot. See Learning resource for example questions to elicit responses from the client.
 2. Implement D:FC01: Foot screening including pedal pulses and monofilament testing.
 3. Touch the clients left foot with the back of the hand and note for any warmth, compare to the right foot. Note any differences.
 4. Gently press two fingers into the dorsum of the foot for a few seconds and observe whether an indentation or 'pit' remains after releasing the pressure. Repeat on the opposite foot for the same location and compare observations. Note observations.

5. Repeat step 4 at the ankle.
 6. Implement D:FC04: Doppler ultrasound of the foot and ankle.
 7. Implement D:FC05: Toe Pressure
 8. Turn the dermal thermometer on by depressing the ON/OFF power push button. The unit will beep and perform a self-diagnostic check. The unit is ready to use when the display unit has a number.
 9. Hover the probe over the first location on the right foot/ankle and record the temperature. Repeat for the same location on the left foot/ ankle. The probe should be within one centimetre of the skin but not touching the skin.
 10. Repeat step 9 for each required location.
 11. Once all locations have a result recorded, calculate the temperature variance between the right and left side.
- During the task:
 - provide feedback and correct errors in the performance of the task including:
 - those listed in D-FC01, D-FC04, D-FC05
 - during palpation for swelling clients may be hyper-sensitive to touch (anxiety, ticklish, pain). If the client reports discomfort or flinches during palpation, check your pressure is firm but gentle. Pressure that is too light may be ticklish, pressure that is too firm can cause discomfort. Monitor the client's symptoms e.g. using a pain scale. If symptoms settle, resume palpation. If symptoms persist, cease the task and liaise with the delegating health professional.
 - for dermal measuring
 - signal quality is affected by the distance of the probe to the skin. The distance of the probe to the skin should be visualised for each measure and be consistent throughout the task to improve accuracy. Where an unexplained variance is determined at a specific site, measures may be re-recorded to confirm accuracy. Re-measures should be included as part of documentation.
 - if room temperature adjustment occurs during the session, pause the task and determine if the climate control can be returned e.g. request door remains closed or fan remains on/off until the task is completed. If the climate control cannot be returned include as part of documentation and feedback.
 - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
 - At the conclusion of the task:
 - encourage feedback from the client on the task.
 - provide summary feedback to the client and if part of the service model, inform the client of implications of observations for example “there is a difference in temperature between your feet. The podiatrist will decide what to do next to look after your foot/ feet”.
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that

were and were not achieved, and difficulties encountered, or symptoms reported by the client during the task.

- For this task, the following specific information should be presented:
 - observations
 - appearance of the skin e.g. dry, scaly, integrity including callouses, blisters, discolouration (pale, blue, redness)
 - oedema including presence of pitting
 - deformity of the foot
 - footwear – type, including absence and appearance e.g. wear
 - assistance provided with transfer/walking
 - findings from implementation of D-FC01, D-FC04, D-FC05
 - variance in foot/ankle temperature recording.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.
- The delegating health professional may include further delegation instruction e.g. implementation of CTI D-FC06: Supply, train and review an off-loading device for foot protection or CTI D-FC08: Supply, fit and review semi-compressed felt to off-load a high-risk foot.

References and supporting documents

- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions>.
- Queensland Health (2025). Guide to Informed Decision-making in Health Care. Version 2.6. Available at: <https://www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare>.

Assessment: performance criteria checklist

D-FC06: Support Charcot foot assessment

Name:

Position:

Work Unit:

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including checking the machine is in working order and clean and collecting information from the client and the medical chart on the client's risk of Charcot foot.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
<p>Delivers the task effectively and safely as per delegated instructions and CTI procedure.</p> <ul style="list-style-type: none"> a) Clearly explains the task, checking the client's understanding. b) Ensures the client removes shoes and clothing around the ankle. c) Implements D:FC01: Foot screening including pedal pulses and monofilament testing. d) Touches the clients left foot with the back of the hand and notes for any warmth, compares to the right foot. e) Determines if there is pitting oedema in the ankle and/or foot on both sides and compares. f) Implements D:FC04: Doppler ultrasound of the foot and ankle. g) Turns the dermal thermometer on and performs a self-diagnostic check. h) Hovers the probe over the first location on the right foot/ankle and records the temperature. Repeats for the same location on the left foot/ ankle. Repeating for each required location. i) Calculates the temperature variance between the right and left side. j) Records the findings on the local recording form. k) During the task, maintains a safe clinical environment and manages risks appropriately. 			

l) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			
Comments:			
Record of assessment competence:			
Assessor name:		Assessor position:	Competence achieved:
Scheduled review:			
Review date:	/ /		

Support Charcot foot assessment: Learning resource

Required reading

- IWGDF Guidelines on the prevention and management of diabetes-related foot disease (2023). Guidelines on the diagnosis and treatment of active Charcot neuro-osteoarthropathy in persons with diabetes mellitus.
 - List of recommendations (page 4)
 - Identification of remission and treatment (page 5)
 - Prevention of re-activation (Page 6)
 - Background: Definitions and Terminology (page 8)Available at: <https://iwgdfguidelines.org/charcot-2023/>
- OrthoInfo ©1995-2025. Disease and Conditions: Diabetic (Charcot) Foot. Available at: <https://orthoinfo.aaos.org/en/diseases--conditions/diabetic-charcot-foot/>
- Rogers LC, Frykberg RG, Armstrong DG, Boulton AJ, Edmonds M, Van GH, Hartemann A, Game F, Jeffcoate W, Jirkovska A, Jude E, Morbach S, Morrison WB, Pinzur M, Pitocco D, Sanders L, Wukich DK, Uccioli L. The Charcot foot in diabetes. Diabetes Care. 2011 Sep;34(9):2123-9. doi: <https://doi.org/10.2337/dc11-0844>
- Manufacturer's instructions for the dermal machine to be used in the local service.

Required viewing

- Campbell Clinic Orthopaedics (2021). Charcot Arthropathy with Dr. Bettin. Available at: <https://www.youtube.com/watch?v=Q0adm6sOedI>
- At the Limits – Leading Medical Education (2021). Michael Edmonds - Clinical presentation and differential diagnosis of acute Charcot foot. The 18th Malvern Diabetic Foot Conference. Available at: <https://www.youtube.com/watch?v=axNWVbjZ40U>

Optional viewing

- Donald E Pelto DPM (2022). Charcot foot – What you need to know! Available at: https://www.youtube.com/watch?v=d9_Jlfbrbxk

Example local recording form

- Queensland Government. Charcot disease management record. SW370 v1.00 – 11/2014. Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0022/435415/charcotdiseasemx.pdf

Example questions to support identification of the client's risk of Charcot foot.

- Have you noticed any changes in your walking, foot appearance or symptoms including pain, stiffness, soreness, redness, heat, swelling, deformity?

If yes, please describe e.g. for pain is it burning aching, stabbing; for walking is it weakness, pain.

For each change ask the client

- when did they first notice the change start and if it was related to anything? For example, sudden (accident or injury) gradually worsening over days, weeks or months.
- if there anything that they have found or done that makes things worse or better? Increases/ reduces these symptoms? For example, rest, medication, elevation, wearing firm fitting socks.
- what actions they have taken e.g. seen the doctor, taken pain medication, used a walking stick, no action taken etc