

# Jamar Monofilament Foot Kit

0816-11-839  
0816-11-847



Patient \_\_\_\_\_ Chart Number \_\_\_\_\_ Date: \_\_\_\_\_

Tested by: \_\_\_\_\_

## Instructions

For more information, see the enclosed Testing Procedure Sheet.

1. Ask the patient to place foot on a padded surface in a comfortable resting position. You should be able to get a clear, unobstructed view of the foot.

2. After you have done visual inspection of the foot, draw dimensions of Callus, Pre-Ulcer, Ulcer and "Other" on foot illustrations below. Those are the areas you should avoid when testing.

3. Before starting, inform the patient to say "yes" or "touch" when he/she feels the monofilament touching the skin. Holding the monofilament at a 90-degree angle on the bottom side of foot, ask the patient whether the monofilament can be felt. When the answer is "No," move onto one of the other spots in the illustration below.

4. For the actual testing, push the monofilament until it bends, then hold it for 1 to 3 seconds. Lift the monofilament from the skin without brushing or sliding it along the skin.

5. Do testing on sites shown in foot illustration: Start with the 2.83 monofilament on the dorsal surface to determine the patient's normal cutaneous sensation. To make sure that there is or isn't a sensation, test each area up to 3 times. A "yes" answer specifies normal sensitivity. If the patient does not respond to 2.83, use the 3.61 monofilament. If that doesn't elicit a response, choose the 4.31 size. Continue until patient says "touch" or "yes."

6. To record your findings, use colored pencils that match the color of the handle on monofilament. Those colors are shown at bottom of page. In the event of a Red result, make a note on the illustration of the monofilament size that was used.

Sources: Nursing Best Practice Guidelines, IABPG (International Affairs & Best Practice Guidelines Program) and Journal of Hand Therapy, April/June 1993.

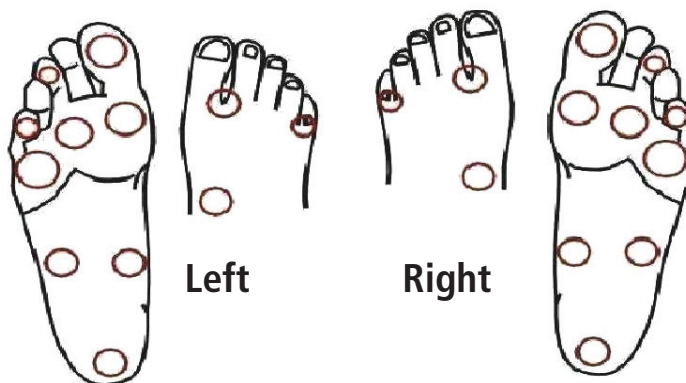
Monofilament Size	Representation	Plantar Surface Threshold
1.65 – 2.83	Green	Normal
3.22 – 3.61	Blue	Diminished Light Touch
3.84 – 4.31	Purple	Diminished Protective Sensation
4.56	Red	Loss of Protective Sensation
6.65	Orange	Untestable

Circulatory Assessment Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_

## Assign Risk Category

- \_\_\_\_\_ 0 No loss of protective sensation.
- \_\_\_\_\_ 1 Loss of protective sensation no weakness, deformity, callus, pre-ulcer or Hx. ulceration.
- \_\_\_\_\_ 2 Loss of protective sensation with weakness, deformity, pre-ulcer or callus but no Hx. ulceration.
- \_\_\_\_\_ 3 History of plantar ulceration.

Developed by Rehabilitation Branch of Gillis W. Long Hansen's Disease Center, Carville, LA



Green	Blue	Purple	Red	Orange
Normal	Diminished Light Touch	Diminished Protective Sensation	Loss of Protective Sensation	Untestable



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