

**EXAMINATION BOOK
FOR
SELF CARE GROUPS**

GROUP:

MEMBER'S NAME:

HOW TO USE THIS BOOK:

- ⇒ Every member of the group has his / her own book
- ⇒ The **basic data** are taken when a person becomes member of the group (page 3)
- ⇒ **Routine examinations** are done at every following meeting (page 4 - 9)
- ⇒ An **evaluation** can be done at the end, using the form on the last page (page 9)

Always discuss the results of the examination
with all other members:

- Ask for the reason of a new wound
- Congratulate for good results
- Discuss problems with all members

PERSONAL DATA

Name:.....

Age:.....



Address:.....

Profession:.....

At the beginning of SCG membership: Still treated with MDT



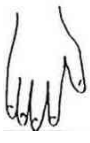





RFT since..... years

KEY:

<p>Mark:</p> <p>No / Yes</p> <p>S = Strong W = Weak P = Paralysed</p>		<p>√ = Feels</p> <p>x = No or less feeling</p> <p>c= Clawing without stiffness</p> <p>s = Clawing with stiffness</p>		<p>← Absorption / Mutilation</p> <p>← Wound</p> <p>← Crack</p>
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MEETING NO 1 BASIC DATA

Date:.....

Eyes	Right	Left	
Lagophthalmos	no / yes	no / yes	
Watering	no / yes	no / yes	
Other problems:			
Hands	Right	Left	
<i>Nerve pain:</i>			
Ulnar nerve	no / yes	no / yes	
<i>Strength:</i>			
5 th finger	S / W / P	S / W / P	
Thumb	S / W / P	S / W / P	
Dry skin	no / yes	no / yes	
Please mark:			
Sensation			
Absorption /			
Mutilation			
Clawing			
Wounds, crack, etc			
 	 		
Right palm	Left palm	Right back	Left back
Feet	Right	Left	
<i>Nerve pain:</i>			
Peroneus nerve	no / yes	no / yes	
Tibialis posterior	no / yes	no / yes	
<i>Strength:</i>			
Foot up	S / W / P	S / W / P	
Dry skin	no / yes	no / yes	
Please mark:			
Sensation			
Absorption /			
Mutilation			
Clawing			
Wounds, cracks			
 	 		
Right sole	Left sole	Right back	Left back
CONCLUSION: DISABILITY GRADE (0 / 1 / 2)			
RIGHT EYE:	_____	LEFT EYE:	_____
RIGHT HAND:	_____	LEFT HAND:	_____
RIGHT FOOT:	_____	LEFT FOOT:	_____

MEETING NO 2: DATE.....

Mark **wounds** and **cracks**. Use '+' (improved), '-' (worse), '=' (no change)



Right palm / sole

Left palm / sole

Right back

Left back



Dry skin? Hands:..... Feet:.....

Are there other problems or changes?.....

How is the condition of footwear?

MEETING NO 3: DATE.....

Mark **wounds** and **cracks**. Use '+' (improved), '-' (worse), '=' (no change)



Right palm / sole

Left palm / sole

Right back

Left back



Dry skin? Hands:..... Feet:.....

Are there other problems or changes?.....

How is the condition of footwear?

MEETING NO 4: DATE.....

Mark **wounds** and **cracks**. Use '+' (improved), '-' (worse), '=' (no change)

**Right palm / sole****Left palm / sole****Right back****Left back**

Dry skin? Hands:..... Feet:.....

Are there other problems or changes?.....

How is the condition of footwear?

MEETING NO 5: DATE.....

Mark **wounds** and **cracks**. Use '+' (improved), '-' (worse), '=' (no change)

**Right palm / sole****Left palm / sole****Right back****Left back**

Dry skin? Hands:..... Feet:.....

Are there other problems or changes?.....

How is the condition of footwear?

MEETING NO 6: DATE.....

Mark **wounds** and **cracks**. Use '+' (improved), '-' (worse), '=' (no change)

**Right palm / sole****Left palm / sole****Right back****Left back**

Dry skin? Hands:..... Feet:.....

Are there other problems or changes?.....

How is the condition of footwear?

MEETING NO 7: DATE.....

Mark **wounds** and **cracks**. Use '+' (improved), '-' (worse), '=' (no change)

**Right palm / sole****Left palm / sole****Right back****Left back**

Dry skin? Hands:..... Feet:.....

Are there other problems or changes?.....

How is the condition of footwear?

MEETING NO 8: DATE.....

Mark **wounds** and **cracks**. Use '+' (improved), '-' (worse), '=' (no change)



Right palm / sole

Left palm / sole

Right back

Left back



Dry skin? Hands:..... Feet:.....

Are there other problems or changes?.....

How is the condition of footwear?

MEETING NO 9: DATE.....

Mark **wounds** and **cracks**. Use '+' (improved), '-' (worse), '=' (no change)



Right palm / sole

Left palm / sole

Right back

Left back



Dry skin? Hands:..... Feet:.....

Are there other problems or changes?.....

How is the condition of footwear?

MEETING NO 10: DATE.....

Mark **wounds** and **cracks**. Use '+' (improved), '-' (worse), '=' (no change)

**Right palm / sole****Left palm / sole****Right back****Left back**

Dry skin? Hands:..... Feet:.....

Are there other problems or changes?.....

How is the condition of footwear?

MEETING NO 11: DATE.....

Mark **wounds** and **cracks**. Use '+' (improved), '-' (worse), '=' (no change)

**Right palm / sole****Left palm / sole****Right back****Left back**

Dry skin? Hands:..... Feet:.....

Are there other problems or changes?.....

How is the condition of footwear?

MEETING NO 12: DATE.....

Mark **wounds** and **cracks**. Use '+' (improved), '-' (worse), '=' (no change)



Right palm / sole



Left palm / sole



Right back



Left back



Dry skin? Hands:..... Feet:.....

Are there other problems or changes?.....

How is the condition of footwear?

EVALUATION

DISABILITY GRADE AFTER 1 YEAR (0 / 1 / 2)	
RIGHT EYE: _____	LEFT EYE: _____
RIGHT HAND: _____	LEFT HAND: _____
RIGHT FOOT: _____	LEFT FOOT: _____

1. Which impairments could be reduced? (For example: wound on left foot)

2. Which impairments could not be reduced?

3. Is self-care practiced regularly / not regularly at home?

4. Is footwear worn at any time (in case of sensory loss at feet)?

5. Has additional treatment been necessary (For example antibiotics, prednisone, referral, etc) during the last year?

6. Other observations (for example: participation in the group, psychological and social developments, changes in social status, etc):