

# For Better Practice: Sensory Foot Exam Findings

Put a plus sign where your patient can feel the 10-g nylon filament and a minus sign where your patient cannot feel the filament.

Date \_\_\_\_\_



Bottom of right foot      Bottom of left foot

Date \_\_\_\_\_



Bottom of right foot      Bottom of left foot

Date \_\_\_\_\_



Bottom of right foot      Bottom of left foot

Date \_\_\_\_\_



Bottom of right foot      Bottom of left foot

Date \_\_\_\_\_



Bottom of right foot      Bottom of left foot

Date \_\_\_\_\_



Bottom of right foot      Bottom of left foot

Date \_\_\_\_\_



Bottom of right foot      Bottom of left foot

Date \_\_\_\_\_



Bottom of right foot      Bottom of left foot

Date \_\_\_\_\_



Bottom of right foot      Bottom of left foot

Date \_\_\_\_\_



Bottom of right foot      Bottom of left foot