Clinical Examination Sheet DSPN

DSPN: Diabetic distal symmetric sensorimotor polyneuropathy

Last name, name	Date of examination

Neuropathy Symptom Score (NSS)[1,2]

Ask your patient about the following neuropathy symptoms and chracteristic complaints:

Symptoms in feet/legs

	Yes		No	
Burning		2		0
Tingling		2		0
Numbness		2		0

(count max. 2 points) ☐ **Points**

Fatigue		1		0
Cramping		1		0
Aching		1		0

(count max. 1 point) ☐ **Points**

Localization

Feet		2
Calves		1
Elsewhere		0

(count max. 2 points) ☐ **Points**

Exacerbation

at night		2
at day and night		1
only at daytime		0
Symptoms have ever woken the patient from sleep (add score of 1)		1

(count max. 3 points) ☐ **Points**

Improvement of symptoms during

Walking		2
Standing		1
Sitting or lying down		0

(count max. 2 points) ☐ **Points**

Total score
(max. 10 points) ☐ **Points**

Assessment NSS [1,2]
0–2 points: No DSPN specific symptoms
≥ 3 points: DSPN specific symptoms present

Numeric Rating Scale (NRS)

In case pain is present, ask your patient to rate the pain intensity in the feet/legs during the past 24 hours:

Pain intensity during daytime (average)



Pain intensity during night-time (average)



Ask the patient to rate if the pain interferes with his/her quality of life:

☐ **Yes,** patient feels impaired in everyday life due to the pain; the quality of life is reduced

☐ **No,** patient does not feel impaired in everyday life due to the pain; the quality of life is not reduced

1 Young et al. A multicentre study of the prevalence of diabetic peripheral neuropathy in the United Kingdom hospital clinic population. Diabetologia 1993; 36: 150 –154.

2 Ziegler et al. Diabetic Neuropathy. Clinical Practice Recommendations of the German Diabetes Society. Diabetology 2019; 14 (Suppl 2): S243-S257.

Neuropathy Disability Score (NDS)[1,2]

Test for neuropathic deficits on both feet
using the following exmaminations

Ankle reflex

with Trommer hammer

0	normal
1	reduced (present with reinforcement)
2	absent

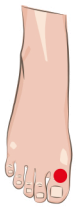
Right foot	Left foot
☐ Points	☐ Points

Vibration sensation

with tuning fork (Rydel-Seiffer)
At the dorsum of the great toe (interphalangeal joint)

0	normal (present)
1	reduced or absent (consider age-dependent thresholds) *

***Age (years):** Reduced when:[2]
≤ 39: < 5 / 8; **40 – 59:** < 4.5 / 8; **60 – 74:** < 4 / 8; **≥ 75:** < 3.5 / 8

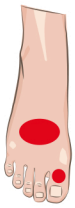


Right foot	Left foot
Result ....., ... / 8	Result ....., ... / 8
☐ Points	☐ Points

Pain sensation

with Neurotip/Neuropen, pinprick, sharp item
10 tests at the distal dorsum of the foot, incl. big toe

0	normal (present)
1	reduced or absent (≥3 tests misidentified)

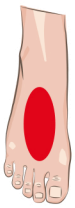


Right foot	Left foot
Misidentified tests Result ..... / 10	Misidentified tests Result ..... / 10
☐ Points	☐ Points

Temperature sensation

with TipTherm, TwinTip, cold item
3 tests at the dorsum of the foot

0	normal (present)
1	reduced or absent (≥2 tests misidentified)



Right foot	Left foot
☐ Points	☐ Points

Clinical diagnosis of DSPN [1,2]

NSS ≥ 3 & NDS ≥ 3: Symptomatic DSPN
NSS = 0 & NDS ≥ 3: Asymptomatic DSPN
NSS 1 – 2 & NDS ≥ 3: Atypical symptoms & DSPN

Before the diagnosis of DSPN, other causes of neuropathy need to be excluded.

Insufficient evidence for DSPN:

NSS = 0 & NDS < 3: Short-term follow-up where necessary
NSS > 0 & NDS < 3: Further neurological/pain-related/ angiological examinations recommended

Total score
(max. 10 points) ☐ Points

Assessment NDS [1,2]

0 – 2 Points: No neuropathic deficits/signs
≥ 3 Points: Neuropathic defects/signs present

3 – 5: mild deficits/signs
6 – 8: moderate deficits/signs
9 – 10: severe deficits/signs

Test for increased risk of ulceration

with 10g Monofilament

Test at 5 (not horny) plantar sites:
Distally at the big toe and at metatarsal bones 1,2,3,5[2]

Increased risk of ulceration / loss of protective sensation:
≥ 1 test misidentified



Right foot	Left foot
☐ Normal; protective sensation present	☐ Normal; protective sensation present
☐ Increased risk of ulceration	☐ Increased risk of ulceration

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