



comprehensive evaluation- screening examination for peripheral neuropathy, skin integrity, ulcers or wounds, deformity, vascular insu ciency, and footwear; individualized foot-speci c patient education; and, a multi-faceted treatment comprising of patient education, orthoses, footwear, and a timetable for ongoing skin and nail care. is guideline also emphasized the implementation of a multidisciplinary team approach to patient management [32].

Guideline#6: In 2004, a multidisciplinary expert panel convened at the Tucson Expert Consensus Conference (TECC) to determine appropriate use of negative pressure wound therapy as delivered by a Vacuum Assisted Closure device (V.A.C. erapy, KCI, San Antonio, Texas) in the treatment of diabetic foot wounds. e Miami consensus panel discussed the following 12 key issues regarding V.A.C. erapy: dosage and duration of therapy, wound debridement, outpatient evaluation, revascularization, incision, drainage, and debridement, active so tissue infection, osteomyelitis, noncompliance, combination therapy, small wounds management, successful outcome, and combined e ective o oading and VAC erapy [33].

Guideline#7: In 2006, revision of the year 2000 guideline (#3,4) was done with updated evidence from recent research. is guideline focused on assessment and treatment of Foot ulcerations, infections, Charcot neuroarthropathy, and peripheral arterial disease in diabetic foot [34].

Guideline#8: In 2012, Infectious Diseases Society of America provided the guideline for diagnosis and treatment of Diabetic Foot Infections (DFI). e DFI were classi ed into mild (super cial and limited in size and depth), moderate (deeper or more extensive), or severe (accompanied by systemic signs or metabolic perturbations). Evaluation o en comprises of organism-speci c testing and acc 0.499 Tw -0videic0.124 Tw(u)ntica

