





















## FOOT SENSORY EXAM

Date: _____  Bottom of Right Foot	Date: _____  Bottom of Left Foot	Date: _____  Bottom of Right Foot	Date: _____  Bottom of Left Foot
Date: _____  Bottom of Right Foot	Date: _____  Bottom of Left Foot	Date: _____  Bottom of Right Foot	Date: _____  Bottom of Left Foot
Date: _____  Bottom of Right Foot	Date: _____  Bottom of Left Foot	Date: _____  Bottom of Right Foot	Date: _____  Bottom of Left Foot
Date: _____  Bottom of Right Foot	Date: _____  Bottom of Left Foot	Date: _____  Bottom of Right Foot	Date: _____  Bottom of Left Foot
Date: _____  Bottom of Right Foot	Date: _____  Bottom of Left Foot	Date: _____  Bottom of Right Foot	Date: _____  Bottom of Left Foot

+ Can feel the 10-gram nylon filament; - Cannot feel the 10-gram nylon filament