**QUESTION 1**

Where do diabetic foot ulcers occur?

1. On the foot.
2. On the ankle bone.
3. On the shin.
4. Only on the toes.

Answer(s):

**QUESTION 2**

What are three risk factors for diabetic foot ulcers?

1. Duration of diabetes.
2. Optimal blood glucose level control.
3. Loss of protective sensation.
4. Good supply to the arteries.
5. Previous ulceration.

Answer(s):

**QUESTION 3**

Which one of these statements is most accurate about diabetic foot ulcers?

1. Have shallow, irregular wound margins.
2. Have deep, punched out wounds.
3. Are generally shallow or deep ulcers with callous around the wound margin.

Answer(s):

**QUESTION 4**

This a typical example of a diabetic foot ulcer.

1. True.
2. False.

Answer(s):

**QUESTION 5**

Which of the following characteristics require referral to a specialist?

1. The Ankle Brachial Pressure Index is less than 0.9 or over 1.2.
2. There are signs of infection or inflammation.
3. The client would benefit from surgical revascularization.
4. The wound can be probed to bone.
5. The ulcer, lower leg or foot looks ischaemic.

Answer(s):

**QUESTION 6**

After a diabetic foot ulcer has been assessed, what are some evidence based treatments you could use to manage the ulcer?

1. Ensure offloading of pressure points.
2. Use a team approach to care for the client.
3. Improve oxygenation.
4. Apply a suitable dressing.
5. Control risk factors.

Answer(s):

**QUESTION 7**

How frequently should a client with a diabetic foot ulcer have their skin inspected?

1. Daily.
2. Every 6 months.
3. Annually.
4. Only if the client has a problem.

Answer(s):

**QUESTION 8**

What strategies can you do to prevent or reduce the risk of diabetic foot ulceration?

1. Protect the client’s lower legs and feet.
2. Examine the feet regularly.
3. Encourage exercise.
4. Ensuring a well-balanced diet and healthy weight.
5. Ensuring optimal control of blood sugar levels.

Answer(s):