SAGUARO PODIATRY ASSOCIATES
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Visit Note

Provider: Ladislav Kuchar, DPM,MS,FACFAS
Encounter Date: Oct 09, 2019
Patient: Skidds, Joshua (PT00002874)
Sex: Male
DOB: Feb 02, 1994 Age: 25 Year 8 Month 1 Week
Race: White
Address: 1201 colombo Ave Apt 10206, Sierra Vista AZ 85635 Pref. Phone(C): 904-574-6295

Insurance(s):
Tricare Prime Active Duty (PP)

SUBJECTIVE:
Mr. Skidds is a 25 year 8 month 1 week old patient who presents for an initial office visit with a chief complaint of bilateral foot pain, bilateral bunion and overlapping digits.

HAV: The patient complains of a painful bunion. The symptoms appear to be located in the bilateral foot. The problem was first noted several years ago. Since the onset aggravation of symptoms has been noted. He reports presence of difficulty in walking, difficulty wearing shoes, pain and overlapping digits. He reports pain aching, 5/10. The symptoms repeat daily. There appears to be no history of trauma or other precipitating event. Improvement has been noted with shoe gear modifications. Aggravation of the symptoms / condition has been noted with closed shoe gear direct pressure running walking. The patient reports he has attempted the following padding shogear modifications, changes.

Social History:
Patient is married.
The patient denies any form of tobacco use.

Alcohol History: He drinks alcoholic beverages socially.
Currently employed.
- serving in the military.

Medical History:
Past medical history is unremarkable.

Surgical History:
The patient has had no prior surgeries.

Family History:
The patient has a family history of 'hereditary overlapping toes'.

Allergies:
NKDA

Current Medications:
Patient is not taking any medication.

Vital Signs:

Weight:	148 lbs
Height:	5' 10"
BMI:	21.23
BSA:	1.82
BP:	97/69
Pulse:	59

Shoe size: 11.5

OBJECTIVE:
General Appearance: The patient is well-developed, well-nourished, and NAD. He is alert and oriented in time, place, and person.

Vascular: The dorsalis pedis and posterior tibial pulses are palpated 2/4 bilaterally. The capillary filling time is less than 3 seconds to the digits bilaterally. Digital hair present bilaterally. Skin is warm and without discoloration to the digits bilaterally.

Neurologic: There is normal epicritic sensorium bilaterally as tested with 5.07 monofilament fiber. The vibratory sensorium is present bilaterally and comparable as tested with a tuning fork. There is no evidence of clonus or Babinski phenomenon. The patellar and Achilles reflexes are present bilaterally and are rated 2/4. The ability to distinguish between sharp and dull stimulus is preserved.

Dermatologic: The examination of the integument reveals no atrophy, ulcerations, lesions, or signs of infectious process. The skin texture, turgor and color are WNL. Hair growth is WNL.

There are no dermal lesions noted bilaterally.

Musculoskeletal: The range of motion of the subtalar, midtarsal, metatarso-phalangeal, and ankle joints exhibit a symmetrical and pain free normal range of motion. The muscle strength is rated 5/5 all muscle groups bilaterally. There are no abnormal osseous prominences bilaterally.
Forefoot varus: There is eversion of the bilateral forefoot relative to the heel plane with the heel maintained in neutral. The deformity is reducible.
HAV: Noted is lateral deviation of the bilateral hallux at the MPJ level with dorso-medial exostosis. There is aching 5/10 on palpation of the joint. There is no crepitus on passive range of motion of this joint. The joint is tracking.
Due to the abduction of the bilateral hallux the left digit #2 is forced dorsally and partially riding on the hallux, while the right digit #2 is due to the same reasons forced partially under the right hallux.

ASSESSMENT :

Q66.3	Other congenital varus deformities of feet
M20.12	Hallux valgus (acquired), left foot
M20.11	Hallux valgus (acquired), right foot
M77.42	Metatarsalgia, left foot
M77.41	Metatarsalgia, right foot
M79.671	Pain in right foot
M79.672	Pain in left foot
R26.2	Difficulty in walking, not elsewhere classified

TODAY'S PLAN:
Radiographic examination: 3 weightbearing views of both feet were obtained.
This study reveals: The tibial sesamoid position is #5 on the right; 4 on the left. The 1st metatarsal angle is increased. There is no evidence of an obvious fracture, dislocation. And there are no other osseous, articular, or soft tissue abnormalities noted.

Education / Careplan:
(1) GenOrtho
The patient was seen, examined, and informed of all findings, impressions, and recommendations. The etiology, nature, and forms of treatment were discussed in depth.
I explained the progressive, degenerative nature of the condition to the patient. As the osseous deformities are relatively asymptomatic and not limiting the patient in daily activities, we'll monitor them at this time.
(2) Orthotics, custom
Custom orthotic devices

Custom orthotics are medical devices prescribed by a foot and ankle surgeon. These shoe inserts, which support and align the foot and lower extremities, are formed by scanning, or in some cases, a plaster mold of the foot.
(3) ..HAV
Re: bunions: surgery is the only way to get rid of bunions. Even with surgery, bunions can grow

back. There are things you can do to decrease bunion pain and to prevent them from growing back.
Caregivers may shave off the thickened skin over the bunion. This may help decrease pain and pressure of the bunion. Do not try to shave the skin yourself. Doing this may injure your foot or cause an infection.

Use arch supports in your shoes to decrease pressure on the bunion. These can be obtained from your podistist's office. Additionally, padding may also be added to specific areas to offload the prominences.

Wear wide-toed shoes that fit well. Your shoes should have plenty of room for your toes to be in their normal position. Do not wear shoes with heels that are higher than 2 inches.

Do not try to force or push your feet into shoes that are too small or do not fit.

If your bunion becomes tender and swollen, place an ice pack on it. Talk to your caregiver before you put ice on your bunion. Ask what type of ice treatment to use and how long you should use it.

FUTURE PLAN:
I explained the progressive, structural, I explained to the patient that due to the adduction of the 1st metatarsal in the transverse plane the hallux deviates laterally. This is exacerbated by the finding of the forefoot varus bilaterally. nature of the condition to the patient.

Next steps: The next steps may include: orthotics.
Custom-made orthotics were prescribed to the patient. The 3-D laser scans were obtained to be delivered to the orthotic lab following the standard protocol:
-1/ 90 degree / neutral positioning was achieved at the ankle joints
-2/ with the ankle maintained at the neutral position by supporting the talus, a 3d scan of the foot was obtained with the pressure applied by the physician only
-3/ the scans were inspected for defects
-4/ the above steps were repeated for the contralateral extremity
The fabrication may take about 1-2 weeks. The patient understands the 'break-in' period may last approx 3-4 weeks or longer. Minor adjustments may be done thereafter, as needed.

I explained to the patient that the 'getting used to' process to the orthotics may require a few weeks - a step-wise process is recommended: day 1: 1 hr; day 2: 2 hrs; day 3: 3-4 hrs; day 4: 5-6 hrs; day 5: 7-8 hrs. The patient is to monitor his/her feet daily for presence of any pressure, friction lesions. The patient voiced understanding and his/her consent.

The orthotic policy was explained to the patient: there will be a $250 downpayment for the devices today to cover the cost of manufacturing the devices. This may be waived, if the patient's insurance requires a preauthorization and it was obtained. We will then submit a claim for them to his insurance. The claim amount for the devices is set by insurance companies and will exceed the $250 the patient deposited at this time. If covered and paid for by the insurance, the deposit

will be used to cover any balance after insurance adjustment owed by the patient, if any. If the orthotics are not covered, the entire amount will be applied to the account balance and the patient will billed the remainder of the bill, if not covered already at that time. This process will be finalized once EOBs from the patient's insurance have been received, which may take several weeks. The patient voiced understanding and his consent.
The current device is being prescribed with the intention of preventing worsening of the deformity/ HAV, calcaneo valgus, and multiple joint pain. To prevent need to referral to physical therapy or surgical intervention in the future. To this end, this device appears to be very cost-effective and empirically also clinically effective.

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Followup:
DME Dispense
we will call the pt

CC:

This visit note has been electronically signed off by Ladislav Kuchar, DPM,MS,FACFAS.