



## Allergies

No known drug allergies

## Medications

amlodipine 10 mg Oral - tablet  
atorvastatin 40 mg Oral - tablet  
cephalexin 500 mg Oral - Dose: 1  
Capsule capsule Frequency: Four  
times a day  
glipizide 2.5 mg Oral - tablet extended  
release 24hr  
metoprolol tartrate 25 mg Oral - tablet  
omeprazole 20 mg Oral -  
capsule, delayed release (DR/EC)  
terazosin 5 mg Oral - capsule

## Medical History

Arthritis  
Coronary arteriosclerosis  
Diabetes mellitus  
Elevated blood pressure  
Hearing loss

## Podiatric Foot/Ankle Disease History

None

## Podiatric Foot/Ankle Surgical History

None

## Podiatric Foot/Ankle Family History

None

## Surgical History

History of tissue graft heart valve  
replacement

## Social History

Single Question Alcohol Screening: 0  
days  
Smoking status - Never smoker  
Healthcare Proxy: No  
Living Will: No

## Advance Care

Full Cardiopulmonary Resuscitation

## Chief Complaints:

1. Follow Up Diabetic Foot Evaluation

## HPI: This is an 88 year old male who:

1. is being seen for follow up diabetic foot evaluation, involving both feet. The patient presents for a physical examination and diabetic foot evaluation which includes review of the patient's current shoe gear.

Doctor Managing Diabetes: yes

Last reported Hemoglobin A1C: less than 6%

Patient agrees to contact diabetic managing doctor to ensure good communication and best overall diabetic health care: unspecified

The patient reports:

Home blood sugars checks: yes, by fingerstick.

## Exam:

### Complete Diabetic Foot Exam

#### Class Findings:

**Class B: (1) changes in skin texture, decreased hair growth, and nail thickening**

**Class C: (2) edema and paresthesia (finding)**

**The patient meets Class Findings Criteria by having at least 1 Class B Finding and 2 Class C Findings.**

#### Peripheral Pulses:

Right Dorsalis Pedis: **+1 faint but detectable dorsalis  
pedis pulse decreased dorsalis pedis pulses**

Right Posterior Tibial: **+1 faint but detectable posterior  
tibial pulse decreased posterior tibial pulses**

Right Capillary Refill: **decreased capillary refill toes**

Right Vascular Skin Trophic Changes: **absent hair growth  
and skin texture thin**

Right Edema: **Non pitting**

Right Venous Exam: Normal Venous Findings

#### Sensation:

Right LE:

**diminished sensation in toe web space between D1  
and D2, diminished sensation in plantar surface of the  
foot, diminished sensation in plantar surface of foot,  
and paresthesia**

**Absent 5.07 S-W monofilament exam: Great toe,  
Fourth toe, First metatarsophalangeal joint, Third  
metatarsophalangeal joint, and Fifth  
metatarsophalangeal joint out of 5 sites tested  
diminished proprioception  
decreased sensation right foot**

#### DTRs:

Right LE: DTRs normal active

#### Peripheral Pulses:

Left Dorsalis Pedis: **decreased dorsalis pedis pulses**

Left Posterior Tibial: **decreased posterior tibial pulses**

Left Capillary Refill: **decreased capillary refill toes**

Left Vascular Skin Trophic Changes: **absent hair growth  
and skin texture thin**

Left Edema: **Non pitting**

Left Venous Exam: No Venous Insufficiency

#### Sensation:

Left LE:

**diminished sensation in toe web space between D1  
and D2, diminished sensation in plantar surface of the  
foot, diminished sensation in plantar surface of foot,  
and paresthesia**

**Absent 5.07 S-W monofilament exam: Great toe,  
Fourth toe, First metatarsophalangeal joint, Third  
metatarsophalangeal joint, and Fifth  
metatarsophalangeal joint out of 5 sites tested  
diminished proprioception  
decreased sensation left foot**

#### DTRs:

Left LE: DTRs normal active



Skin:

Right Foot and Ankle: there is normal texture, temperature, turgor and color of the skin

Toenails:

Right: **nail thickening and thickened dystrophic nail(s) with subungual debris**

Gait: normal gait

Inspection:

Right Ankle: Normal alignment, no deformity, no tenderness, no warmth, no masses

Inspection:

Right Hindfoot: Normal alignment, no deformity, no tenderness, no warmth, no masses

Right Midfoot: Normal alignment, no deformity, no tenderness, no warmth, no masses

Right Forefoot: Normal alignment, no deformity, no tenderness, no warmth, no masses

Ankle Strength and Tone:

Right Dorsiflexion: Strength: 5/5, normal muscle tone.

Right Plantar Flexion: Strength: 5/5, normal muscle tone.

Foot Strength and Tone:

Right Inversion: Strength: 5/5, normal muscle tone.

Right Eversion: Strength: 5/5, normal muscle tone.

Coordination: Normal.

Appearance: well developed and nourished

Orientation: Alert and oriented to person, place, time.

Mood: mood and affect well-adjusted, pleasant and cooperative, appropriate for clinical and encounter circumstances

Additional Exam Findings: **Foot tenderness to palpation, loss of protective sensation to toes, absent 5.07 mm filament detection to at least 5 points, discolored nails with onycholysis and subungual debris, thickened and elongated nails, rough texture, dark discoloration, painful elongated toenails, yellow discoloration, and onycholysis with splitting of the nail plate.**

Skin:

Left Foot and Ankle: there is normal texture, temperature, turgor and color of the skin

Toenails:

Left: **nail thickening**

Inspection:

Left Ankle: Normal alignment, no deformity, no tenderness, no warmth, no masses

Inspection:

Left Hindfoot: Normal alignment, no deformity, no tenderness, no warmth, no masses

Left Midfoot Inspection: Normal alignment, no deformity, no tenderness, no warmth, no masses

Left Forefoot Inspection: Normal alignment, no deformity, no tenderness, no warmth, no masses

Ankle Strength and Tone:

Left Dorsiflexion: Strength: 5/5, normal muscle tone.

Left Plantar Flexion: Strength: 5/5, normal muscle tone.

Foot Strength and Tone:

Left Inversion: Strength: 5/5, normal muscle tone.

Left Eversion: Strength: 5/5, normal muscle tone.

**Impression/Plan:**

**1. Foot Pain, Bilateral**

Pain in right foot (M79.671)

Pain in left foot (M79.672)

distributed on the right medial plantar midfoot and left medial plantar midfoot.

**Plan: Counseling - Foot Pain.**



## General Counseling

Care of foot pain depends on the underlying cause. Many patients can be treated with conservative interventions like directed physical therapy, NSAIDs, bracing, and cortisone injections. Orthotics may be useful as well. Surgical intervention usually involves open or arthroscopic methods. Contact office if there is an increase in foot pain accompanied by fever, chills or night sweats, or if there is a sudden loss of strength or sensation in the affected leg.

Topical Analgesic: 4% Lidocaine  
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## Surgical Options and Alternatives

Observation: I discussed observing the patient's foot pain for now and reevaluating in the future.

After discussing the risks, benefits and alternatives, we decided on the following plan for the RIGHT FOOT: CONSERVATIVE MANAGEMENT and RX DM SHOES AND INSOLES.

After discussing the risks, benefits and alternatives, we decided on the following plan for the LEFT FOOT: CONSERVATIVE MANAGEMENT and RX DM SHOES AND INSOLES.

## 2. Type 2 Diabetes Mellitus with diabetic polyneuropathy

Type 2 diabetes mellitus with diabetic polyneuropathy (E11.42)  
distributed on the right forefoot and left forefoot.

### Plan: Counseling - Diabetic Neuropathy.

The best treatment of diabetic neuropathy is prevention. There is no known cure, however, there are many things you can do to minimize disease progression. It is extremely important to maintain your blood glucose within an acceptable level, to practice meticulous foot care, and to stop smoking. Treatment of pain is usually well managed with a variety of classes of prescription drugs. Contact office if there is an increase in foot pain accompanied by fever, chills or night sweats.

## Medication Counseling:

Gabapentin : Gabapentin Counseling: I discussed with the patient the risks of gabapentin including but not limited to dizziness, somnolence, fatigue and ataxia.

Lyrica : Lyrica Counseling: I discussed with the patient the risks of Lyrica including but not limited to dizziness, somnolence, fatigue and ataxia.

## OTC Recommendations:

Topical Analgesic: 4% lidocaine cream

## Surgical Options and Alternatives

Observation : I discussed observing the patient's foot pain for now and reevaluating in the future.

After counseling the patient, we decided on the following plan RIGHT:

- Observation
- Rx DM shoes and insoles

After counseling the patient, we decided on the following plan LEFT:

- Observation
- Rx DM shoes and insoles

## 3. Onychomycosis

Tinea unguium (B35.1)

located on the right great toenail bed (T5).

Associated diagnoses: Toe Pain, Type 2 Diabetes Mellitus with diabetic polyneuropathy, and Ingrown Toenail

### Plan: Toenail Debridement.

Nailplate tissue was debrided, and nail thickness reduced, on a total of 1 nail(s) as follows: distributed on the right great toenail bed (T5).

Instruments: nail nippers

Pain: painful toenail(s)

Associated Systemic Diagnosis: associated ingrown nail and diabetes type 2 with polyneuropathy.

## MIPS

### 1. MIPS

Plan: MIPS Quality.

Quality 130 (Documentation of Current Medications in the Medical Record): Current Medications Documented

### 2. MIPS



**Plan: MIPS Quality.**

Quality 126 (Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation): Lower extremity neurological exam performed and documented.

Quality 127 (Diabetic Foot and Ankle Care, Ulcer Prevention - Evaluation of Footwear): Footwear evaluation performed and documented. The foot was measured using a standard measuring device and appropriate foot-wear was recommended based on the risk categorization.

**Staff:**

Brian P Hutcheson, DPM (Primary Provider) (Bill Under)

Electronically Signed By: Brian P Hutcheson, DPM, 10/08/2024 11:11 AM MST