ABELL, LARRY

PMS ID:	Sex:	DOB:	Phone:	MRN:
116247PAT000040291	Male	10/06/1942	(571) 208-8397	50489

Medications
amlodipine 5 mg oral Dose: mg
amoxicillin 875 mg Oral - Dose: 1 Tablet tablet Frequency: Twice daily
gabapentin 600 mg oral Dose: mg
metoprolol succinate 25 mg oral Dose: mg

Medical History
Other: Patient Past Medical History includes: High Blood Pressure; NEUROPATHY

Surgical History
Other: Past surgical history: KNEE AND HIP REPLACEMENT; HERNIA;
DETACTHED RETINA BOTH EYES; TOES STRAIGHTNED

Social History
Smoking status - Unspecified

Chief Complaint: Right Foot Pain

HPI: This is an 81 year old male who is being seen for a chief complaint of foot pain, involving the right dorsal 2nd toe. This began gradually. The pain has been present for 1 week. The right dorsal 2nd toe pain is described as swelling and red pain.

Exam:

Complete At Risk Foot Exam

Class Findings:

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

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: **+2 diminished dorsalis pedis pulse**

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

Right Capillary Refill: **3 seconds**

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

Right Edema: **1+, slight pitting (2mm)**

Right Venous Exam: **telangiectasia**

Peripheral Pulses:

Left Dorsalis Pedis: **+2 diminished dorsalis pedis pulse**

Left Posterior Tibial: **+1 faint but detectable posterior tibial pulse**

Left Capillary Refill: **3 seconds**

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

Left Edema: **1+, slight pitting (2mm)**

Left Venous Exam: **telangiectasia**

Sensation:

Right LE: **absent sensation in ankle, great toe, D2, D3, D4 AND toe web space between D1 and D2, absent sensation in ankle, great toe, D2, D3, D4, absent sensation in toe web space between D1 and D2, absent sensation in medial calf and ankle, absent sensation in lateral calf, lateral dorsum of foot and D5, absent sensation in lateral plantar nerve, absent sensation in medial plantar nerve, 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 absent vibratory sensation**,

Sensation:

Left LE: **absent sensation in ankle, great toe, D2, D3, D4 AND toe web space between D1 and D2, absent sensation in ankle, great toe, D2, D3, D4, absent sensation in toe web space between D1 and D2, absent sensation in medial calf and ankle, absent sensation in lateral calf, lateral dorsum of foot and D5, absent sensation in lateral plantar nerve, absent sensation in medial plantar nerve, 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 testedabsent vibratory sensation**,

DTRs:

Right LE: DTRs normal active

DTRs:

Left LE: DTRs normal active

Coordination: Normal.

Skin:

Right Foot and Ankle: **callus(es), dry, and pigmentation changes**

Skin:

Left Foot and Ankle: **dry and pigmentation changes**

Toenails:

Right: **nail discoloration, nail dystrophy, nail incurvation, nail separating from nail bed, nail thickening, onycholysis, painful toenails, elongated toenails, discolored toenails, and thickened dystrophic nail(s) with subungual debris**

Toenails:

Left: **nail discoloration, nail dystrophy, nail incurvation, nail separating from nail bed, nail thickening, onycholysis, painful toenails, elongated toenails, discolored toenails, and thickened dystrophic nail(s) with subungual debris**

Inspection:

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

Inspection:

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

Foot Strength and Tone:

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

Gait: **antalgic gait**

Additional Exam Findings: **Rough texture, dark discoloration, discolored nails with onycholysis and subungual debris, subungual hyperkeratosis, onycholysis with splitting of the nail plate, thickened and elongated nails , painful elongated toenails, yellow discoloration, slight extension at MTPJ, extension at DIPJ, flexion at PIPJ, flixed deformity does not correct with ankle plantarflexion, flexion deformity of the PIP joint of the lesser toes with extension of DIP, and toe erythema.**

Impression/Plan:

1. Onychomycosis

Tinea unguium (B35.1)

distributed on the left great toenail (TA), left 2nd toenail (T1), left 3rd toenail (T2), left 4th toenail (T3), left 5th toenail (T4), right great toenail (T5), right 2nd toenail (T6), right 3rd toenail (T7), right 4th toenail (T8), and right 5th toenail (T9).
Associated diagnoses: Toe Pain, Difficulty Walking, Ingrown Toenail, and Alcoholic Polyneuropathy

Plan: Toenail Debridement.
Nailplate tissue was debrided, and nail thickness reduced, on a total of 10 nail(s) as follows: distributed on the left great toenail (TA), left 2nd toenail (T1), left 3rd toenail (T2), left 4th toenail (T3), left 5th toenail (T4), right great toenail (T5), right 2nd toenail (T6), right 3rd toenail (T7), right 4th toenail (T8), and right 5th toenail (T9).
Instruments: nail nippers
Pain: painful toenail(s)
Associated Systemic Diagnosis: associated ingrown nail, difficulty walking, and alcoholic polyneuropathy.

2. Hammertoe, Right

Other hammer toe(s) (acquired), right foot (M20.41)

located on the right dorsal 5th toe.

Plan: Counseling - Hammertoe.
Nonoperative and operative options exist for the care of a hammer toe. Modification of shoewear is important in the early stages. Poor fitting shoes and high heels are risk factors for worsening of the condition. Splinting, straps, and cushions can be helpful for alleviating symptoms as can exercises aimed at stretching and strengthening the affected toe(s). If conservative measures fail, then surgery may be recommened. The type of surgery depends on extent of the condition and any associated arthritis.
A hammertoe results from a muscle and ligament imbalance around the middle joint of your second, third, or fourth toes. The result is a toe that looks bent like a hammer. A hammertoe can be flexible or fixed. A fixed deformity can be quite painful and lead to corns or calluses. It is important to detect this condition early while the toe is flexible and conservative measures can be instituted. Once the toe becomes stiff, surgical intervention is generally recommended. For the most part, patients can return to activities between 4 and 8 weeks after surgery.
Contact office if your pain is not responsive to medicines, you develop fever, chills or night sweats, or if there is numbness or loss of sensation in the affected foot.

Physical Therapy : This intervention will usually focus on stretching and strengthening of the affected toe and the surrounding soft tissue. An underlying goal is to restore range of motion.

Surgical Options and Alternatives
Hammertoe Options Counseling Other : Amputation of the digit
After counseling the patient, we decided on the following plan RIGHT:
• Conservative Management

3. Toe Abscess, Right
Cutaneous abscess of right foot (L02.611)
located on the right distal plantar 2nd toe.

Plan: I&D Simple/Single with Pathology.
Consent: Consent was obtained and risks were reviewed including but not limited to delayed wound healing, infection, need for multiple I and D's, and pain.
Location: (A): right distal plantar 2nd toe. . Pre-op Size: 2 cm.

The area was prepped in the usual fashion. The Abscess produced moderate purulent discharge. Following the procedure a portion of the material was sent for histologic evaluation. The specimen was sent for Aerobic/Anaerobic/Sensitivity/Gram Stain.
Instruments used to excise the abscess included the following: 15 blade, scalpel, and scissors and forceps
Wound Care: Bacitracin
Wound Dressing(s): dry sterile dressing

Postcare: I reviewed with the patient in detail post-care instructions. Patient should keep wound covered and call the office should any redness, pain, swelling or worsening occur.

Medications Given:
- Other : Augmentin 875mg bid for 10 days
Indications for medicating include location - procedure site located on lower extremity.

4. Toe Cellulitis
Cellulitis of right toe (L03.031)
distributed on the right dorsal 2nd toe and right toe.

Plan: Counseling - Cellulitis.
I counseled the patient regarding the following:

Skin Care: Cellulitis requires systemic antibiotics for definitive treatment.
Expectations: Cellulitis is an infection of the skin and underlying fat. Bacteria can enter the skin through a cut or opening, and then evolve into a warm, red, tender and swollen plaque. It responds well with antibiotics.
Contact office if: Cellulitis continues to spread despite treatment, or if patient develops fevers or chills while on antibiotics.

I counseled the patient that Augmentin is an antibiotic that belongs to a group of drugs known as penicillins. It is used to fight bacterial infections. This drug should not be taken by individuals who are allergic to penicillin. Side effects are uncommon but include skin reactions, diarrhea, confusion, bruising or bleeding. Notify your doctor immediately if any of these serious side effects occur. The patient verbalized understanding of the proper use and possible adverse effects of Augmentin. All of the patient's questions and concerns were addressed.

Plan: Separate and Identifiable Documentation.

Plan: Rx Treatment Regimen.
Initiate Rx Treatment: Initiate treatment with Rx medication. Augmentin 875mg bid for 10 days

Staff:

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

Electronically Signed By: Brian P Hutcheson, DPM, 07/23/2024 12:46 PM MST