



Allergies

prednisone - Other: Avascular Necrosis

Medications

atorvastatin 10 mg Oral - tablet
Frequency: Daily

Medical History

None

Podiatric Foot/Ankle Disease History

None

Podiatric Foot/Ankle Surgical History

None

Podiatric Foot/Ankle Family History

None

Surgical History

Total replacement of left hip joint:
June 4th, 2012
Total replacement of right hip joint:
March 26, 2012

Social History

Patient feels safe at home

EtOH less than 1 drink per day
Occupation: Business Broker. Work mostly out of my home.
Place of Residence: My home.
Smoking status - Unspecified
Driving status:
Drives in the Daytime
Drives at Night

Chief Complaint: Right Foot Pain

HPI: This is a 47 year old male who is being seen for a chief complaint of foot pain, involving the right medial great toe. This began suddenly. The pain has been present for 2 months. The right medial great toe pain is described as tender to touch and red swollen.

Exam:

Foot

Peripheral Pulses:

Right Dorsalis Pedis: Normal +3 dorsalis pedis pulse
Right Posterior Tibial: Normal +3 posterior tibial pulse
Right Capillary Refill: Normal CFT
Right Vascular Skin Trophic Changes: No Skin trophic changes of vascular nature
Right Edema: No Edema
Right Venous Exam: Normal Venous Findings

Sensation:

Right LE: Normal peripheral nerve sensation

Skin:

Right Foot: skin intact, no rashes or lesions.

Toenails:

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

Foot ROM:

ROM: Normal

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

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

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

Additional Exam Findings: **painful elongated toenails discolorated nails with onycholysis and subungual debris dark discoloration yellow discoloration subungual hyperkeratosis onycholysis with splitting of the nail plate thickened and elongated nails rough texture nail changes (thickening) excessive medial nail growth with tender erythema in toenail fold**

Impression/Plan:

- Onychomycosis**
Tinea unguium (B35.1)
located on the right great toenail bed (T5).

Plan: Counseling - Onychomycosis.

I counseled the patient regarding the following:

Skin care: Onychomycosis rarely responds to prolonged use of topical anti-fungal agents. Oral antifungal agents offer a higher cure rate, but relapses occur in 50% of patients.

Expectations: Onychomycosis is a fungal infection of the nail plate. Oral therapy is more effective than topical therapy, but serious side effects such as liver toxicity, bone marrow depression and severe rashes may ensue

Peripheral Pulses:

Left Dorsalis Pedis: Normal +3 dorsalis pedis pulse
Left Posterior Tibial: Normal +3 posterior tibial pulse
Left Capillary Refill: Normal CFT
Left Vascular Skin Trophic Changes: No Skin trophic changes of vascular nature
Left Edema: No Edema
Left Venous Exam: No Venous Insufficiency

Sensation:

Left LE: Normal peripheral nerve sensation

Skin:

Left Foot: skin intact, no rashes or lesions.

Toenails:

Left: Normal

Foot ROM:

ROM: Normal

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

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

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



with systemic treatment.
Contact office if: Patient develops a side effect from treatment.

Lamisil : Lamisil (terbinafine) Counseling: Patient counseling regarding adverse effects of lamisil including but not limited to headache, diarrhea, rash, upset stomach, liver function test abnormalities, itching, taste/smell disturbance, nausea, abdominal pain, and flatulence. There is a rare possibility of liver failure that can occur when taking lamisil. The patient understands that a baseline LFT and kidney function test may be required. The patient verbalized understanding of the proper use and possible adverse effects of lamisil. All of the patient's questions and concerns were addressed.

OTC Medication: tea tree oil, Keresal
After counseling the patient, we decided on the following plan:
• Conservative Management and Debridements
• Keresal

2. Ingrown Toenail

Ingrowing nail (L60.0)
located on the medial nail plate of right great toe.

Plan: Counseling - Ingrown Toenail.

I counseled the patient regarding the following:

Nail care: Ingrown Toenails can be treated by partial or complete nail avulsion or more conservatively by inserting a small barrier between the nail and nail fold.

Expectations: An ingrown nail caused by medial or lateral growth of the nail plate into the nail fold.

Surgical Options and Alternatives
Procedure Options Counseling Other : File the offending nail border frequently
After counseling the patient, we decided on the following plan RIGHT:
• Observation

MIPS

1. MIPS

Plan: MIPS Quality.

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

Staff:

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

Electronically Signed By: Brian P Hutcheson, DPM, 05/28/2024 04:54 PM MST