



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 Complaint: Follow Up Diabetic Foot Evaluation

HPI: This is an 87 year old male who 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: no.

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

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

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:

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



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

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

Right Forefoot: 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:

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

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

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:

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.

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 onycholysis with splitting of the nail plate

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

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: Type 2 Diabetes Mellitus with diabetic polyneuropathy, Toe Pain, 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.

Follow up in 3 months for: At Risk Diabetic Foot Check - 15 minutes

Staff:

Brian P Hutcheson (Primary Provider) (Bill Under)

Electronically Signed By: Brian P Hutcheson, 04/01/2024 02:27 PM MST