



Allergies

No known drug allergies

Medications

None reported.

Medical History

None

Podiatric Foot/Ankle Disease History

None

Podiatric Foot/Ankle Surgical History

None

Podiatric Foot/Ankle Family History

None

Surgical History

Hysterectomy

Social History

EtOH 1-2 drinks per day
Single Question Alcohol Screening: 3 days
Smoking status - Unspecified
Driving status:
Drives in the Daytime

ROS

Provider reviewed on Aug 12, 2024.

A focused review of systems was performed including Allergic / Immunologic, Cardiovascular, Constitutional / Symptom, Eyes, Gastrointestinal (G.I.), Hematologic / Lymphatic, Integumentary, Musculoskeletal, Neurological, Psychiatric, and Respiratory.

No Rheumatoid Arthritis, No Rsd, No Joint Pains, No Joint Swelling, No Joint Stiffness, No Unsteady Gait, No Numbness, No Tingling, No Headaches, No Unexpected Weight Loss, No Fever, No Chills, No Redness, No Rash, No Immunosuppression, No Chest Pain, No Shortness Of Breath, And No Anxiety.

Chief Complaint: Pain 2nd & 3rd digits right foot x 3-4 weeks

HPI: This is a 63 year old female who is being seen for a chief complaint of Pain across the top of the foot for about a month . Pain right foot is aching in nature. Relates an insidious onset with progressive course. Worse with pressure and walking and better when off the foot. Denies any treatments. Did have xray showing bunion along with midfoot arthritis.

Exam:

Foot/Ankle

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:

DTRs:

Right LE: DTRs normal active

Coordination: Normal.

Skin:

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

Toenails:

Right: Normal

Gait: normal gait

Inspection:

Right Foot and Ankle: **TTP with palpable exostosis formation to the 2nd and 3rd tmtj with pain on limited ROM to the joints. HAV deformity present. ,**

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.

Ankle ROM:

Dorsiflexion with Knee Extended: 20 degrees.

Dorsiflexion with Knee Bent: 20 degrees.



Plantar Flexion: 50 degrees.

Foot ROM:

ROM: Normal

Appearance: well developed and nourished

Biomechanical Exam

Right Biomechanical Examination:

Right Foot Hallux IPJ position: **rectus**

Right Foot Hallux IPJ ROM: **pain free**

Right Foot The first ray ROM: **normal and pain free**

Right Foot Hallux MTP: **abducted**

Right Foot Hallux MTP ROM: **trackbound , limited**

dorsiflexion, and limited plantarflexion

Right Foot Hallux Resting Position Second Ray: **abutting**

Right Foot Prominent First Metatarsal Head: **medial**

Impression/Plan:

1. Foot Arthritis, Right

Primary osteoarthritis, right ankle and foot (M19.071)

located on the right second tarsometatarsal joint.

Associated diagnoses: Foot Pain and Exostosis

Plan: Counseling - Foot Arthritis.

Musculoskeletal care: Nonsurgical and surgical options are available for the treatment of foot arthritis. Nonsurgical options include antiinflammatories, steroid injections, braces, physical therapy, shoe orthotics/inserts and modification of shoe wear. Surgical options are considered when nonsurgical modalities have failed. Arthroscopic debridement, joint replacement, and fusion are amongst the most common surgical interventions.

Expectations: I counseled the patient about the natural history of degenerative joint disease of the foot which typically has exacerbations and remissions. Risk factors include aging, rheumatoid arthritis, and a history of foot trauma. Most people have some of the following symptoms: pain, stiffness, swelling, and difficulty walking. Many people report that changes in the weather affect the degree of pain from arthritis. The joints of the foot do not heal on their own when there is arthritis. With time, the symptoms of arthritis may get worse. Most patients with degenerative joint disease of the foot can achieve some measure of pain relief from nonsurgical options like medications, lifestyle modification, exercise and physical therapy, and use of orthotic devices. For some, conservative management is not satisfactory. These individuals should consider surgical options. After surgery, weightbearing may be protected and physical therapy may be necessary to help restore strength and range of motion. Contact Office if your ankle pain worsens, or if the ankle becomes warm or accompanied by a fever.

Medication Counseling

Acetaminophen : Acetaminophen is a drug that is commonly used as a pain reliever. The maximum daily dose is 4 grams. The dosing for a child is based on the child's age and weight. Since acetaminophen is metabolized by the liver, any drug that affects the liver can change the level of acetaminophen in your body. The potential for acetaminophen to damage the liver is increased if it is used with alcohol. Acetaminophen may increase the blood thinning effect of coumadin. Long term administration of acetaminophen with coumadin should be discussed with your physician. Side effects from acetaminophen are uncommon. The most serious effect is liver damage if used in large doses. The patient verbalized understanding of the proper use and possible adverse effects of acetaminophen. All of the patient's questions and concerns were addressed.

NSAIDS : I discussed with the patient that NSAIDs should be taken with food. Prolonged use of NSAIDs can result in the development of stomach ulcers or bleeding. Patient advised to stop taking NSAIDs if abdominal pain occurs. The patient verbalized understanding of the proper use and possible adverse effects of NSAIDs. All of the patient's questions and concerns were addressed.

Topical NSAIDs : I discussed with the patient that topical NSAIDs are applied to the skin either as a gel (Voltaren Gel) or drops (Pennsaid). The medication is absorbed through the skin. The most common reactions are skin-related such as dry skin or rash. Stomach upset, nausea, or diarrhea may also occur. If any of these side effects occur, the medication should be discontinued immediately. Contact of the patch with your eyes, nose, or mouth is to be avoided. Serious reactions are extremely rare; however, there is increased risk of heart attack, stroke, and bleeding in the stomach or intestines. Do not use an NSAID patch if you have a history of aspirin or NSAID sensitivity. The patient verbalized understanding of the proper use and possible adverse effects of topical NSAIDs. All of the patient's questions and concerns were addressed.



OTC Recommendations:
Topical Analgesic:

Surgical Options and Alternatives

Observation : I discussed observing the patient for now and recommended reexamination in the future.

Conservative Options and Alternatives

Functional Orthotics : Functional orthotics are to be used to evenly distribute pressure across the affected area and improve foot biomechanics.

Footwear Modifications : Footwear modifications to include wide forefoot toe-box with flexible upper materials.

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

- Conservative Management

Staff:

Adi Pajazetovic, DPM (Primary Provider) (Bill Under)

Electronically Signed By: Adi Pajazetovic, DPM, 08/19/2024 07:13 AM MST