



## Medications

amlodipine 5 mg oral Dose: mg  
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;  
DETACHED RETINA BOTH EYES;  
TOES STRAIGHTNED

## Social History

Smoking status - Unspecified

## Chief Complaint: Toenail Dystrophy

**HPI:** This is an 81 year old male who is being seen for a chief complaint of a toenail dystrophy, located on the toenails of right foot (T5, T6, T7, T8, T9) and toenails of left foot (TA, T1, T2, T3, T4). The affected toenail(s) are discolored, dystrophic, thickened, and yellow and severe in severity.

Secondary Complaints include: The patient complains of left plantar forefoot overlying 2nd metatarsal callous.

## 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**

#### 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,**

#### DTRs:

Right LE: DTRs normal active

#### Coordination: Normal.

#### Inspection:

Right 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.

Gait: normal 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 flexed deformity does not correct with ankle plantarflexion flexion deformity of the PIP joint of the lesser toes with extension of DIP**

#### 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:

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 tested absent vibratory sensation,**

#### DTRs:

Left LE: DTRs normal active

#### Inspection:

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

#### Foot Strength and Tone:

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

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



## 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: Ingrown Toenail, Difficulty Walking, Alcoholic Polyneuropathy, and Toe Pain

Percentage Nail Involvement (%): 100.0

#### 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. Callus, Right

#### Corns and callosities (L84)

located on the right distal plantar 2nd toe.

Associated diagnoses: Difficulty Walking, Toe Pain, and Alcoholic Polyneuropathy

#### Plan: Paring Hyperkeratotic Lesion.

A lesion located on the right distal plantar 2nd toe was pared with a 15 blade.

The hyperkeratotic lesion(s) noted is located clearly in the foot and is not associated with nail pathology. They represent a separate treatable condition.

Pain: painful toe

Associated Systemic Diagnosis: difficulty walking and alcoholic polyneuropathy.

### 3. 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 footwear 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 recommended. 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 for the RIGHT: Conservative Management

## Staff:

Brian P Hutcheson (Primary Provider) (Bill Under)

Electronically Signed By: Brian P Hutcheson, 02/14/2024 12:06 PM MST