



## Allergies

No known drug allergies

## Medications

None reported.

## Medical History

Arthritis  
Disease caused by 2019-nCoV

## Podiatric Foot/Ankle Disease History

Acquired cavus deformity of foot  
Acquired pes planus  
Chronic pain  
Plantar fasciitis  
Other

## Podiatric Foot/Ankle Surgical History

None

## Podiatric Foot/Ankle Family History

Acquired pes planus  
Congenital deformity foot

## Surgical History

None

## Social History

EtOH none  
Single Question Alcohol Screening: 0 days  
Smoking status - Former smoker  
Start Smoking: 02/05/1966  
Quit Smoking: 02/05/1969  
Packs per day: 2  
Years smoking: 7  
Healthcare Proxy: No  
Living Will: No

## Advance Care

Full Cardiopulmonary Resuscitation  
Driving status:  
Drives in the Daytime  
Drives at Night

## ROS

Provider reviewed on Feb 05, 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 and was notable for rheumatoid arthritis, joint pains, joint stiffness, unsteady gait, fatigue, unexpected weight loss, redness, leg cramps, and shortness of breath.

No Rsd, No Joint Swelling, No Numbness, No Tingling, No

## Chief Complaint: Toenail Dystrophy

**HPI:** This is a 74 year old male who is being seen for a chief complaint of a toenail dystrophy, located on the right great toe (T5). The affected toenail(s) are discolored, dystrophic, thickened, and yellow and severe in severity. He has had toenail problems for 3 years.

Feet exam and recommendation of treatment

## 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 incurvation, nail thickening, 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: **pes planus**

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: thickened and elongated nails onycholysis with splitting of the nail plate dark discoloration discolored nails with onycholysis and subungual debris yellow discoloration rough texture hindfoot fixed in valgus valgus hindfoot tenderness to palpation along posterior tibial tendon too many toes sign antalgic gait pes planus forefoot fat pad atrophy diffuse forefoot pain**

## Impression/Plan:

- Onychomycosis**  
Tinea unguium (B35.1)

### 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: **nail incurvation**

#### 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.



Headaches, No Fever, No Chills, No  
Rash, No Immunosuppression, No  
Chest Pain, And No Anxiety.

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 with systemic treatment.

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

Ciclopirox : Ciclopirox Counseling: Ciclopirox is a topical anti-fungal medication. Side effects of ciclopirox include local allergic reactions and irritation. Please call our office if you are having any side effects. Diagnosis includes mild to moderate toenail onychomycosis involving at least one target toenail and without lunula(matrix) involvement  
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.

After discussing the risks, benefits and alternatives, we decided on the following plan: CONSERVATIVE MANAGEMENT and CICLOPIROX.

**2. Posterior Tibialis Tendon Dysfunction, Right**

Posterior tibial tendinitis, right leg (M76.821)

located on the right tibialis posterior tendon at the ankle.

**Plan: Counseling - Posterior Tibial Tendon Dysfunction.**

Treatment is based on the severity of posterior tibial tendon dysfunction. The flexibility of the foot is an important aspect for guiding treatment. Most patients can be treated without surgery. Nonoperative management can include NSAIDS, application of a custom molded shoe or ankle-foot orthosis, or immobilization in a brace or splint. Surgery is considered after failure of nonoperative management or in more severe cases. Surgery can be quite complex and employs a variety of techniques ranging from removal of damaged portions of the tendon to tendon transfers or realignment of bones.

The posterior tibial tendon is one of the most important supporting structures of the foot. Insufficiency of this tendon either from inflammation or tearing is the leading cause of adult acquired foot deformity. The disorder is more common in women and commonly associated with an acute injury. Patients who are involved in high-impact sports, are obese, or who have a history of inflammatory arthropathy (rheumatoid arthritis) are more at risk for developing this disorder. As the disease advances there may be weakness and it may become increasingly difficult to stand on one leg and raise the heel. The foot may appear deformed, the arch of the foot may be progressively lost, and there is often tenderness and pain on the inner or outer aspects of the ankle. Radiographs, MRI, and ultrasound may be useful for assessing the severity of the disease and any associated deformity or adjacent arthritis. After nonoperative treatment there may be activity restrictions and noticeable reduction of pain may take several months. Recovery after surgical treatment varies depending on the severity of the posterior tibial tendon dysfunction prior to surgery. It may take 6-12 months to return to activities, and in some cases return to sports may be strongly discouraged.

Contact office if you develop increased pain and deformity in the affected foot.

**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.

**Surgical Options and Alternatives**

Potential for Future Surgery : I explained that though I am not recommending a surgical intervention at this time, this may be recommended or necessary in the future to alleviate or treat this condition, especially if conservative measures fail or the condition continues to progress or worsen.

After discussing the risks, benefits and alternatives, we decided on the following plan for the RIGHT: CONSERVATIVE MANAGEMENT and ORTHOTICS, PROPER SHOES.

**3. Metatarsalgia with fat pad atrophy, Bilateral**



Metatarsalgia, right foot (M77.41)  
Metatarsalgia, left foot (M77.42)  
distributed on the right foot and left foot.

**Plan: Counseling - Metatarsalgia.**

The initial treatment for metatarsalgia fractures is conservative. Exercise to reduce body weight and appropriate footwear and inserts are recommended. NSAIDs and steroid injections may also be helpful. Depending on the cause of the metatarsalgia, surgery may be recommended especially if there is toe deformity (i.e., bunion or hammertoe) that has not responded to conservative management. Metatarsalgia is a symptom characterized by pain in the ball of the forefoot. The pain usually increases when barefoot or when walking on hard surfaces. There are many underlying causes including toe deformities, stress fractures, being overweight, and poor fitting shoes. High impact sports may put individuals at increased risk of developing this pain. Outcomes after treatment for metatarsalgia are generally good, however, a subset of patients will have chronic symptoms. Contact office if pain worsens, if you develop numbness or tingling in your foot, or if you notice the color of your toes is blue or grey.

**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.

Physical Therapy : Therapy will be aimed at range of motion and strengthening of the foot. Early motion is important for preventing stiffness.

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

After counseling the patient, we decided on the following plan for the RIGHT FOOT: Conservative Management and orthotics.

**Staff:**

Brian P Hutcheson (Primary Provider) (Bill Under)

Electronically Signed By: Brian P Hutcheson, 02/05/2024 05:16 PM MST