ABELL, ROCHELLE

PMS ID:	Sex:	DOB:	Phone:	MRN:
116247PAT000014079	Female	04/03/1950	(520) 409-2346	37183

Allergies
No known drug allergies

Medications
Restasis 0.05% dropperette
Cortisone (hydrocortisone) topical
citalopram 40 mg Oral - tablet
gabapentin 300 mg Oral - capsule
losartan-hydrochlorothiazide oral
simvastatin 20 mg Oral - tablet
triamterene-hydrochlorothiazid 37.5-25 mg Oral - capsule
nystatin

Medical History
None

Podiatric Foot/Ankle Disease History
Hallux valgus
Other

Podiatric Foot/Ankle Surgical History
Arthrodesis of foot

Surgical History
Other

Social History
EtOH less than 1 drink per day:
Social. Months can go by without a drink
Single Question Alcohol Screening: 0 days
Smoking status - Former smoker
Packs per day: 1
Years smoking: 4
Healthcare Proxy: Yes
Living Will: Yes

Advance Care
Driving status:
Drives in the Daytime
Drives at Night

Chief Complaint: Bilateral feet

HPI: This is a 74 year old female who is being seen for a chief complaint of Bilateral feet. Check callous and toenails

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 dystrophy, 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: 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.

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 dystrophy, nail incurvation, nail thickening, discolored toenails, and thickened dystrophic nail(s) with subungual debris**

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.

Additional Exam Findings: **difficulty with shoe wear due to medial eminence pain over prominence at MTP joint compression of digital nerve causing pain D2 hammertoe deformity D3 hammertoe deformity D4 hammertoe deformity D5 hammertoe deformity yellow discoloration dark discoloration thickened and elongated nails discolored nails with onycholysis and subungual debris hyperkeratotic plaques on pressure bearing areas**

Impression/Plan:

1. **Bunion, Right**
   Bunion of right foot (M21.611)
   located on the right first metatarsophalangeal joint.

   Plan: Counseling - Bunion.
   Most bunions can be treated nonoperatively, however, nonoperative treatment usually does not correct the deformity. They may become red and swollen. The second toe may be affected and become malaligned. If the bunion gets bigger there may be increased pain. Not all bunions progress.
   A bunion is a very common foot deformity most often seen in women. Poor fitting shoes is often a factor, however, there may be a familial predilection. A change to shoes with an improved fit, usually broad and soft-soled with a low heel, or a bunion splint, may be all that is necessary to lessen pain and discomfort.
   Contact office if You have difficulty walking due to the bunion.

   Medication Counseling

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.

OTC Recommendations:
NSAIDs: Ibuprofen, Voltaren gel, Naproxyn

Surgical Options and Podiatry 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.

Non-surgical Options and Podiatry 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.
Protective Bunion Pad or Spacer : Pads, spacers or moleskin to protect skin, reduce friction and limit irritation of the foot by footwear.
Steroid Injection : Steroid injections are recommended as part of bunion management oftentimes to reduce the swelling of bursitis associated with the deformity.
After counseling the patient, we decided on the following plan RIGHT:
• Observation and Conservative Management

2. Hammertoe, Bilateral

Other hammer toe(s) (acquired), left foot (M20.42)
Other hammer toe(s) (acquired), right foot (M20.41)
distributed on the left dorsal 5th toe, left dorsal 4th toe, left dorsal 3rd toe, left dorsal 2nd toe, right dorsal 2nd toe, right dorsal 3rd toe, right dorsal 4th toe, and right dorsal 5th toe.

Plan: Counseling - Hammertoe.
Nonoperative and operative options exist for the care of a hammer toe. Modification of shoewear 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 recommened. 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.

OTC Recommendations:
NSAIDs: Voltaren gel, Ibuprofen, Naproxyn

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 counseling the patient, we decided on the following plan RIGHT:
• Conservative Management
After counseling the patient, we decided on the following plan LEFT:
• Conservative Management

3. Onychomycosis

Tinea unguium (B35.1)
distributed on the left great toenail bed (TA) and 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.

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
• Keresal

4. Callus, Bilateral
Corns and callosities (L84)
distributed on the right plantar forefoot overlying 1st metatarsal and left plantar forefoot overlying 1st metatarsal.

Plan: Counseling - Callus.
I counseled the patient regarding the following:

Skin Care: The patient was instructed to apply keratolytic agents such as Amlactin, Duofilm or Mediplast.
Expectations: Callus result from frictional rubbing. Calluses respond well if frictional rubbing is discontinued.
Contact office if: Calluses fail to improve despite months of treatment.

OTC Recommendations:
OTC Medication: Moisturizing cream such as urea cream, Cere' Ve or Cetophil
After counseling the patient, we decided on the following plan RIGHT:
• Conservative Management
After counseling the patient, we decided on the following plan LEFT:
• Conservative Management

MIPS

1. MIPS
Plan: MIPS Quality.

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

Staff:

Brian P Hutcheson (Primary Provider) (Bill Under)

Electronically Signed By: Brian P Hutcheson, 04/15/2024 05:37 PM MST