



Medical History

Social History

Smoking status - Unspecified

Chief Complaint: Follow Up Diabetic Foot Evaluation

HPI: This is a 76 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: yes, with glucose monitor.

Exam:

Complete Diabetic 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: **+2 diminished posterior tibial pulse**

Right Capillary Refill: Normal CFT

Right Vascular Skin Trophic Changes: **decreased hair growth, skin texture thin, and skin appearance shiny**

Right Edema: **Non pitting**

Right Venous Exam: **varicose veins**

Sensation:

Right LE: **diminished sensation in ankle, great toe, D2, D3, D4, diminished sensation in toe web space between D1 and D2, diminished sensation in medial calf and ankle, diminished sensation in lateral calf, lateral dorsum of foot and D5, diminished sensation in lateral plantar nerve, and diminished sensation in medial plantar nerve,**

DTRs:

Right LE: DTRs normal active

Skin:

Right Foot and Ankle: **pigmentation changes**

Toenails:

Right: **nail discoloration, nail dystrophy, nail incurvation, nail separating from nail bed, nail thickening, painful toenails, elongated toenails, discolored toenails, and thickened dystrophic nail(s) with subungual debris**

Peripheral Pulses:

Left Dorsalis Pedis: **+2 diminished dorsalis pedis pulse**

Left Posterior Tibial: **+2 diminished posterior tibial pulse**

Left Capillary Refill: Normal CFT

Left Vascular Skin Trophic Changes: **decreased hair growth, skin texture thin, and skin appearance shiny**

Left Edema: **Non pitting**

Left Venous Exam: **varicose veins**

Sensation:

Left LE: **diminished sensation in ankle, great toe, D2, D3, D4, diminished sensation in toe web space between D1 and D2, diminished sensation in medial calf and ankle, diminished sensation in lateral calf, lateral dorsum of foot and D5, diminished sensation in lateral plantar nerve, and diminished sensation in medial plantar nerve,**

DTRs:

Left LE: DTRs normal active

Skin:

Left Foot and Ankle: **pigmentation changes**

Toenails:

Left: **nail discoloration, nail dystrophy, nail incurvation, nail separating from nail bed, nail thickening, painful toenails, elongated toenails, discolored toenails, 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

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

Right Forefoot: 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.

Foot Strength and Tone:

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

Right 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: **thickened and elongated nails rough texture discolored nails with onycholysis and subungual debris dark discoloration painful elongated toenails yellow discoloration flexion deformity of the PIP joint of the lesser toes with extension of DIP flexion at PIPJ extension at DIPJ slight extension at MTPJ**

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: Toe Pain, Type 2 Diabetes Mellitus with diabetic polyneuropathy, and Ingrown Toenail

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: clippers

Pain: painful toenail(s)

Associated Systemic Diagnosis: associated ingrown nail and diabetes type 2 with polyneuropathy.

2. Hammertoe

Other hammer toe(s) (acquired), unspecified foot (M20.40)

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.

Surgical Options and Alternatives

Observation : I discussed observing the patient's hammertoe for now and reevaluating in the future.

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

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

3. Hammertoe, Bilateral

Other hammer toe(s) (acquired), right foot (M20.41)

Other hammer toe(s) (acquired), left foot (M20.42)

Staff:

Brian P Hutcheson (Primary Provider) (Bill Under)

Electronically Signed By: Brian P Hutcheson, 01/11/2024 10:03 AM MST