

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

Medical Records - CONFIDENTIAL

FROM: TN - Faculty Physicians

Tina W
1415 OLD WEISGARBER RD SUITE 350, KNOXVILLE, TN 37909-1381
Phone: (865) 588-1605
Fax: (865) 588-1608

TO:

Name: ELLISON, MARIA K

DOB: 09/21/1956

Date Range: 01/01/2025 to 09/24/2025

This document contains the following records of the patient:

- **Encounters and Procedures**

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ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

Encounters and Procedures

Clinical Encounter Summaries

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)**Encounter Date: 09/19/2025**

Patient

Name	ELLISON, MARIA (68yo, F) ID# 30339	Appt. Date/Time	09/19/2025 10:45AM
DOB	09/21/1956	Service Dept.	KNOXVILLE
Provider	MITCHELL PEARCE, PA		
Insurance	Med Primary: UNITED HEALTHCARE COMMUNITY PLAN-TN (MEDICARE REPLACEMENT/ADVANTAGE - HMO) Insurance # : 121606745 Policy/Group # : TND SNP PCP : HOEHL, MARY, DO Referring Provider Name : HOEHL, MARY, DO Med Secondary: BCBS-TN - BLUECARE (MEDICAID REPLACEMENT - HMO) Insurance # : ZECM14381748 Policy/Group # : 125000 Prescription: OPTUMRX - Member is eligible. details Prescription: OPTUM_IRX - Member is eligible. details		

Chief Complaint

Wound Care Follow-up

Patient's Care Team

Primary Care Provider (Primary Insurance): HOEHL, MARY, DO: 110 EXECUTIVE PARK DR, CLINTON, TN 37716, Ph (865) 494-9241, Fax (865) 374-2121**Referring Provider (Primary Insurance):** HOEHL, MARY, DO: 110 EXECUTIVE PARK DR, CLINTON, TN 37716, Ph (865) 494-9241, Fax (865) 374-2121**Podiatrist:** MITCHELL PEARCE, PA**Other:** APEX VASCULAR: 10800 PARKSIDE DR STE 331, KNOXVILLE, TN 37934, Ph (865) 562-3232, Fax (865) 317-1115 NPI: 1992172779

Patient's Pharmacies

FOOD CITY PHARMACY #688 (ERX): 7202 MAYNARDVILLE PIKE, KNOXVILLE, TN 37918, Ph (865) 922-9683, Fax (865) 925-2595

Vitals

None recorded.

Allergies

Reviewed Allergies

ASPIRIN**AUGMENTIN****AZITHROMYCIN****ERYTHROMYCIN BASE****LEVOFLOXACIN**

Medications

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

Reviewed Medications

dexlansoprazole 60 mg capsule,biphase delayed release TAKE ONE CAPSULE BY MOUTH DAILY AT 9 AM	03/21/25	filled
lidocaine 5 % topical patch APPLY UP TO 2 PATCHES TO PAINFUL AREA AND REMOVE AFTER 12 HOURS WAIT 12 HOURS BEFORE APPLYING NEW PATCHES	10/24/24	filled
loperamide 2 mg capsule TAKE ONE CAPSULE BY MOUTH EVERY 4 HOURS AS NEEDED FOR LOOSE STOOL	03/21/25	filled
methotrexate sodium 2.5 mg tablet TAKE THREE TABLETS BY MOUTH ONCE A WEEK	03/21/25	filled
naloxone 4 mg/actuation nasal spray FOR USE BY NASAL ROUTE. ONLY IN CASE OF EMERGENCY OF OVERDOSE	10/24/24	filled
Ozempic 1 mg/dose (4 mg/3 mL) subcutaneous pen injector INJECT 1MG UNDER THE SKIN ONCE A WEEK	03/24/25	filled
sertraline 100 mg tablet TAKE ONE TABLET BY MOUTH DAILY AT 9 AM	03/21/25	filled
Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation INHALE 1 PUFF BY MOUTH ONCE DAILY	03/21/25	filled

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
COVID-19											
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	11/13/21	0.25 mL	Intramuscular			019F21A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	02/12/21	0.5 mL	Intramuscular	Arm, Left Upper		025L20A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	01/15/21	0.5 mL	Intramuscular	Arm, Right Upper		037K20A	Moderna US, Inc.				
Influenza											
influenza, high dose seasonal	10/07/24	0.5 mL	Intramuscular	Deltoid, Left		U8499DA	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/29/23	0.7 mL	Intramuscular			UT8137DA	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/22/22	0.7 mL	Intramuscular			999	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/30/21	0.5 mL	Intramuscular			999	Sanofi Pasteur				
influenza, injectable, quadrivalent, preservative free	09/02/21	0.5 mL	Intramuscular	Deltoid, Left		49LC5	ID Biomedical				
influenza, injectable, quadrivalent, preservative free	09/02/20	0.5 mL	Intramuscular	Deltoid, Left		UJ430AA	Sanofi Pasteur				
Pneumococcal											
pneumococcal conjugate PCV 13	09/30/21	0.5 mL	Intramuscular			999	Pfizer, Inc				
Respiratory Syncytial Virus											
RSV, bivalent, protein subunit RSVpreF, diluent reconstituted, 0.5 mL, PF	10/27/23	1 mL	Intramuscular			HL9687	Pfizer, Inc				
Zoster											
zoster recombinant	01/12/22	1 mL	Intramuscular			999	GlaxoSmithKline				
zoster recombinant	09/21/21	0.5 mL	Intramuscular			999	GlaxoSmithKline				

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)**Problems**

Reviewed Problems

- Disorder of cardiovascular system - Onset: 08/14/2025
- Ulcer of left heel - Onset: 08/14/2025
- Onychomycosis - Onset: 08/14/2025
- Disorder of nervous system due to type 2 diabetes mellitus - Onset: 08/14/2025
- Antalgic gait - Onset: 08/14/2025
- Walking disability - Onset: 08/14/2025
- Foot callus - Onset: 08/14/2025

Family History

Reviewed Family History

Unspecified Relation - Arthritis

- Arthritis

- Arthritis

Social History

Reviewed Social History

Advance Directive

Do you have an advance directive?: No

Do you have a medical power of attorney?: No

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 08/14/2025

Has tobacco cessation counseling been provided?: No

What is your level of alcohol consumption?: None

Activities of Daily Living

Are you able to care for yourself independently?: Yes (Notes: has caretaker that lives with her)

Are you able to walk independently without assistance or assistive device(s): Yes: limited self-mobility with assistive device(s); generally relies on wheeled mobility

Surgical & Procedure History

Reviewed Surgical & Procedure History

Past Medical History

Reviewed Past Medical History

Arthritis: **Y**Asthma: **Y**Back Pain: **Y**Diabetes: **Y**Dyslipidemia: **Y**Emphysema: **Y**Fibromyalgia: **Y**Gout: **Y**Headaches: **Y**Hypertension: **Y**Osteoporosis: **Y**Rheumatoid Arthritis: **Y**Ulcers: **Y**Varicose Veins: **Y****HPI**

Very pleasant 68-year-old diabetic female here with her boyfriend for evaluation of left heel wounds x 3 months. Unsure of etiology she is in a wheelchair and does report pulling herself around with her feet both barefoot and with shoes on. Current A1c unknown they think this is over 8. Also patient of Dr. B with Apex recent revascularization left lower extremity last month. They have been soaking the wound in peroxide

Here today follow-up to the above-mentioned appearance has improved some from previous visit she did have a lot of drainage and struggled some with dressing change but appears to have followed offload instructions. They did have a long road trip in a car since last visit. Still has not started checking her sugar.

Here today follow-up of the above-mentioned continued wound care. Slowly improving left foot heel wound she does have preulcerative lesion right heel as well male.

Here today for continued wound care current A1c 9.5. Wound is doing well she appears to be compliant with dressings and offloads.

Here today follow-up as above doing well cultures pending with some gram-negative flora I believe this is a colonization and not a

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

true infection.

Here today for continued wound care. She tells me today he has a wound that she did not change this dressing all week despite explicit instructions to change it at least daily or every other day depending on drainage level. She did go see primary care who thankfully increased her Ozempic as all of our fingerstick glucose readings in the office have been over 250. She states today that she has still not been able to check her sugar daily although she is not really able to articulate reason why. Her partner is here with her today who states that he should be able to change her dressing daily. We seem to be having some issues with dressing change compliance I am also suspicious of level of offload that she does when she is at home as she lives by herself. Wound has increased in size from previous.

Here today for continued wound care follow-up the above-mentioned she has been changing her dressing daily also using wound wash. There is maceration today the wound does appear to have decreased in size from previous visit. Still struggling with glucose fasting was 185 this morning. She did start her higher dose of Ozempic this week

Here today follow-up to the above mentioned she has been on the higher dose of Ozempic reports sugars consistently above 200 mid 200s mostly. She now has preulcerative lesion on right heel. Still continues to formed callus around the wound showing evidence of her walking on this at home.

ROS

Patient reports no significant weight change, good appetite, no fever, normal activity level, and no fatigue. She reports no pain, no blurry vision, no redness, no itchiness, no swelling, no discharge, and normal movement. She reports no ear pain, no ear discharge, no hearing loss, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. She reports no chest pain and normal heart rate. She reports no lumps, no tenderness, and no discharge. She reports no cough, no wheezing, no chest tightness, no pain with respiration, and normal respiration. She reports no difficulty swallowing, no abdominal pain, no nausea, no vomiting, no diarrhea, no constipation, no blood in stool, and no mucous in stool. She reports no discharge, no blood in urine, no pain with urination, no increase in frequency of urination, no voiding urgency, and no vaginal discharge. She reports no soft tissue swelling, no joint swelling, no myalgia, moves all extremities well, no previous injuries, and no trauma. She reports no pain, no itchiness, no skin dryness, no flaking, no redness, no rash, no hives, no skin lesions, no skin lumps, no swelling, no bruising, and no insect bites. She reports no numbness, no weakness, no tingling, no burning, no shooting pain, no headache, no dizziness, and no loss of consciousness. She reports no depression, no anxiety, no insomnia, no stress, and no loss of interest. She reports normal drinking and no temperature intolerance. She reports no sneezing and no runny nose.

Physical Exam

Constitutional: General Appearance: well-developed. Level of Distress: NAD.

Cardiovascular: Arterial Pulses Right: **dorsalis pedis diminished** and **posterior tibialis diminished**. Arterial Pulses Left: **dorsalis pedis diminished** and **posterior tibialis diminished**. Varicosities Right: **varicosities**. Varicosities Left: **varicosities**.

Integumentary: Foot Right: **dry** and **atrophic**. Foot Left: **dry** and **atrophic**. Great Toe Nail Right: **pain with and without pressure**. Great Toe Nail Left: **pain with and without pressure**.

Neurological: Neurological Right: **gross sensation diminished**. Neurological Left: **gross sensation diminished**.

Musculoskeletal: Muscle Strength and Tone Right: **hypotonicity**. Muscle Strength and Tone Left: **hypotonicity**. Joints, Bones, and Muscles Right: **contractures** and **limited ROM**. Joints, Bones, and Muscles Left: **contractures** and **limited ROM**.

Class: Class B Right: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes**, and **skin texture thin**. Class B Left: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes**, and **skin texture thin**.

Full-thickness ulceration left heel approximately 5 cm x 4.5 cm x 0.4 cm. No signs of infection there is periwound maceration and hyperkeratosis

Preulcerative lesion right heel

Assessment / Plan**Skin ulcer of left heel with fat layer****1. exposed**

L97.422: Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed

2. Onychomycosis

B35.1: Tinea unguium

Disorder of nervous system due to type 2 diabetes**3. mellitus**

E11.69: Type 2 diabetes mellitus with other specified complication

G98.8: Other disorders of nervous system

Antalgic**4. gait**

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

R26.89: Other abnormalities of gait and mobility

Disability of

5. walking

R26.2: Difficulty in walking, not elsewhere classified

Callus of

6. foot

L84: Corns and callosities

Unspecified disorder of circulatory

7. system

I99.9: Unspecified disorder of circulatory system

Discussion Notes

Evidence of weightbearing around the wound today we once again stressed importance of this she continues to show noncompliance both with glucose management and offloading. Continue dry dressing we did stressed importance of changing this daily. She has offloading mechanisms in place she lives by herself and is having a hard time following these directions. I will see her back in 2 weeks she knows to call with any questions or concerns

Return to Office

- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 10/02/2025 at 01:45 PM

Encounter Sign-Off

Encounter signed-off by MITCHELL PEARCE, PA, 09/19/2025.

Encounter performed and documented by MITCHELL PEARCE, PA

Encounter reviewed & signed by MITCHELL PEARCE, PA on 09/19/2025 at 11:47 AM

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)**Encounter Date: 09/15/2025**

Patient

Name	ELLISON, MARIA (68yo, F) ID# 30339	Appt. Date/Time	09/15/2025 09:30AM
DOB	09/21/1956	Service Dept.	KNOXVILLE
Provider	MITCHELL PEARCE, PA		
Insurance	Med Primary: UNITED HEALTHCARE COMMUNITY PLAN-TN (MEDICARE REPLACEMENT/ADVANTAGE - HMO) Insurance # : 121606745 Policy/Group # : TND SNP PCP : HOEHL, MARY, DO Referring Provider Name : HOEHL, MARY, DO Med Secondary: BCBS-TN - BLUECARE (MEDICAID REPLACEMENT - HMO) Insurance # : ZECM14381748 Policy/Group # : 125000 Prescription: check now		

Chief Complaint

Wound Care Follow-up

Patient's Care Team

Primary Care Provider (Primary Insurance): HOEHL, MARY, DO: 110 EXECUTIVE PARK DR, CLINTON, TN 37716, Ph (865) 494-9241, Fax (865) 374-2121**Referring Provider (Primary Insurance):** HOEHL, MARY, DO: 110 EXECUTIVE PARK DR, CLINTON, TN 37716, Ph (865) 494-9241, Fax (865) 374-2121**Podiatrist:** MITCHELL PEARCE, PA**Other:** APEX VASCULAR: 10800 PARKSIDE DR STE 331, KNOXVILLE, TN 37934, Ph (865) 562-3232, Fax (865) 317-1115 NPI: 1992172779

Patient's Pharmacies

FOOD CITY PHARMACY #688 (ERX): 7202 MAYNARDVILLE PIKE, KNOXVILLE, TN 37918, Ph (865) 922-9683, Fax (865) 925-2595

Vitals

None recorded.

Allergies

Reviewed Allergies

ASPIRIN**AUGMENTIN****AZITHROMYCIN****ERYTHROMYCIN BASE****LEVOFLOXACIN**

Medications

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

Reviewed Medications

dexlansoprazole 60 mg capsule,biphase delayed release TAKE ONE CAPSULE BY MOUTH DAILY AT 9 AM	03/21/25	filled
lidocaine 5 % topical patch APPLY UP TO 2 PATCHES TO PAINFUL AREA AND REMOVE AFTER 12 HOURS WAIT 12 HOURS BEFORE APPLYING NEW PATCHES	10/24/24	filled
loperamide 2 mg capsule TAKE ONE CAPSULE BY MOUTH EVERY 4 HOURS AS NEEDED FOR LOOSE STOOL	03/21/25	filled
methotrexate sodium 2.5 mg tablet TAKE THREE TABLETS BY MOUTH ONCE A WEEK	03/21/25	filled
naloxone 4 mg/actuation nasal spray FOR USE BY NASAL ROUTE. ONLY IN CASE OF EMERGENCY OF OVERDOSE	10/24/24	filled
Ozempic 1 mg/dose (4 mg/3 mL) subcutaneous pen injector INJECT 1MG UNDER THE SKIN ONCE A WEEK	03/24/25	filled
sertraline 100 mg tablet TAKE ONE TABLET BY MOUTH DAILY AT 9 AM	03/21/25	filled
Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation INHALE 1 PUFF BY MOUTH ONCE DAILY	03/21/25	filled

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
COVID-19											
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	11/13/21	0.25 mL	Intramuscular			019F21A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	02/12/21	0.5 mL	Intramuscular	Arm, Left Upper		025L20A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	01/15/21	0.5 mL	Intramuscular	Arm, Right Upper		037K20A	Moderna US, Inc.				
Influenza											
influenza, high dose seasonal	10/07/24	0.5 mL	Intramuscular	Deltoid, Left		U8499DA	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/29/23	0.7 mL	Intramuscular			UT8137DA	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/22/22	0.7 mL	Intramuscular			999	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/30/21	0.5 mL	Intramuscular			999	Sanofi Pasteur				
influenza, injectable, quadrivalent, preservative free	09/02/21	0.5 mL	Intramuscular	Deltoid, Left		49LC5	ID Biomedical				
influenza, injectable, quadrivalent, preservative free	09/02/20	0.5 mL	Intramuscular	Deltoid, Left		UJ430AA	Sanofi Pasteur				
Pneumococcal											
pneumococcal conjugate PCV 13	09/30/21	0.5 mL	Intramuscular			999	Pfizer, Inc				
Respiratory Syncytial Virus											
RSV, bivalent, protein subunit RSVpreF, diluent reconstituted, 0.5 mL, PF	10/27/23	1 mL	Intramuscular			HL9687	Pfizer, Inc				
Zoster											
zoster recombinant	01/12/22	1 mL	Intramuscular			999	GlaxoSmithKline				
zoster recombinant	09/21/21	0.5 mL	Intramuscular			999	GlaxoSmithKline				

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)**Problems**

Reviewed Problems

- Disorder of cardiovascular system - Onset: 08/14/2025
- Ulcer of left heel - Onset: 08/14/2025
- Onychomycosis - Onset: 08/14/2025
- Disorder of nervous system due to type 2 diabetes mellitus - Onset: 08/14/2025
- Antalgic gait - Onset: 08/14/2025
- Walking disability - Onset: 08/14/2025
- Foot callus - Onset: 08/14/2025

Family History

Reviewed Family History

Unspecified Relation

- Arthritis

- Arthritis

- Arthritis

Social History

Reviewed Social History

Advance Directive

Do you have an advance directive?: No

Do you have a medical power of attorney?: No

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 08/14/2025

Has tobacco cessation counseling been provided?: No

What is your level of alcohol consumption?: None

Activities of Daily Living

Are you able to care for yourself independently?: Yes (Notes: has caretaker that lives with her)

Are you able to walk?: Yes: limited self-mobility with assistive device(s); generally relies on wheeled mobility

Surgical & Procedure History

Reviewed Surgical & Procedure History

Past Medical History

Reviewed Past Medical History

Arthritis: **Y**Asthma: **Y**Back Pain: **Y**Diabetes: **Y**Dyslipidemia: **Y**Emphysema: **Y**Fibromyalgia: **Y**Gout: **Y**Headaches: **Y**Hypertension: **Y**Osteoporosis: **Y**Rheumatoid Arthritis: **Y**Ulcers: **Y**Varicose Veins: **Y****HPI**

Very pleasant 68-year-old diabetic female here with her boyfriend for evaluation of left heel wounds x 3 months. Unsure of etiology she is in a wheelchair and does report pulling herself around with her feet both barefoot and with shoes on. Current A1c unknown they think this is over 8. Also patient of Dr. B with Apex recent revascularization left lower extremity last month. They have been soaking the wound in peroxide

Here today follow-up to the above-mentioned appearance has improved some from previous visit she did have a lot of drainage and struggled some with dressing change but appears to have followed offload instructions. They did have a long road trip in a car since last visit. Still has not started checking her sugar.

Here today follow-up of the above-mentioned continued wound care. Slowly improving left foot heel wound she does have preulcerative lesion right heel as well male.

Here today for continued wound care current A1c 9.5. Wound is doing well she appears to be compliant with dressings and offloads.

Here today follow-up as above doing well cultures pending with some gram-negative flora I believe this is a colonization and not a true infection.

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

Here today for continued wound care. She tells me today he has a wound that she did not change this dressing all week despite explicit instructions to change it at least daily or every other day depending on drainage level. She did go see primary care who thankfully increased her Ozempic as all of our fingerstick glucose readings in the office have been over 250. She states today that she has still not been able to check her sugar daily although she is not really able to articulate reason why. Her partner is here with her today who states that he should be able to change her dressing daily. We seem to be having some issues with dressing change compliance I am also suspicious of level of offload that she does when she is at home as she lives by herself. Wound has increased in size from previous.

Here today for continued wound care follow-up the above-mentioned she has been changing her dressing daily also using wound wash. There is maceration today the wound does appear to have decreased in size from previous visit. Still struggling with glucose fasting was 185 this morning. She did start her higher dose of Ozempic this week

ROS

Patient reports no significant weight change, good appetite, no fever, normal activity level, and no fatigue. She reports no pain, no blurry vision, no redness, no itchiness, no swelling, no discharge, and normal movement. She reports no ear pain, no ear discharge, no hearing loss, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. She reports no chest pain and normal heart rate. She reports no lumps, no tenderness, and no discharge. She reports no cough, no wheezing, no chest tightness, no pain with respiration, and normal respiration. She reports no difficulty swallowing, no abdominal pain, no nausea, no vomiting, no diarrhea, no constipation, no blood in stool, and no mucous in stool. She reports no discharge, no blood in urine, no pain with urination, no increase in frequency of urination, no voiding urgency, and no vaginal discharge. She reports no soft tissue swelling, no joint swelling, no myalgia, moves all extremities well, no previous injuries, and no trauma. She reports no pain, no itchiness, no skin dryness, no flaking, no redness, no rash, no hives, no skin lesions, no skin lumps, no swelling, no bruising, and no insect bites. She reports no numbness, no weakness, no tingling, no burning, no shooting pain, no headache, no dizziness, and no loss of consciousness. She reports no depression, no anxiety, no insomnia, no stress, and no loss of interest. She reports normal drinking and no temperature intolerance. She reports no sneezing and no runny nose.

Physical Exam

Constitutional: General Appearance: well-developed. Level of Distress: NAD.

Cardiovascular: Arterial Pulses Right: **dorsalis pedis diminished** and **posterior tibialis diminished**. Arterial Pulses Left: **dorsalis pedis diminished** and **posterior tibialis diminished**. Varicosities Right: **varicosities**. Varicosities Left: **varicosities**.

Integumentary: Foot Right: **dry** and **atrophic**. Foot Left: **dry** and **atrophic**. Great Toe Nail Right: **pain with and without pressure**. Great Toe Nail Left: **pain with and without pressure**.

Neurological: Neurological Right: **gross sensation diminished**. Neurological Left: **gross sensation diminished**.

Musculoskeletal: Muscle Strength and Tone Right: **hypotonicity**. Muscle Strength and Tone Left: **hypotonicity**. Joints, Bones, and Muscles Right: **contractures** and **limited ROM**. Joints, Bones, and Muscles Left: **contractures** and **limited ROM**.

Class: Class B Right: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes**, and **skin texture thin**. Class B Left: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes**, and **skin texture thin**.

Full-thickness ulceration left heel approximately 5 cm x 4.5 cm x 0.4 cm. No signs of infection there is periwound maceration.

Assessment / Plan**Skin ulcer of left heel with fat layer****1. exposed**

L97.422: Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed

2. Onychomycosis

B35.1: Tinea unguium

Disorder of nervous system due to type 2 diabetes**3. mellitus**

E11.69: Type 2 diabetes mellitus with other specified complication

G98.8: Other disorders of nervous system

Antalgic**4. gait**

R26.89: Other abnormalities of gait and mobility

Disability of**5. walking**

R26.2: Difficulty in walking, not elsewhere classified

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

Callus of

6. foot

L84: Corns and callosities

Unspecified disorder of circulatory

7. system

I99.9: Unspecified disorder of circulatory system

Discussion Notes

Transition to Betadine dry dressing today we have continued maceration that has not improved despite daily dressing changes. I will see her later this week to check on this change dressing as well as debride the wound. Advised to call with questions or concerns. Once again discussed importance of tight glucose control.

Return to Office

- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 09/18/2025 at 03:30 PM
- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 09/25/2025 at 02:00 PM

Encounter Sign-Off

Encounter signed-off by MITCHELL PEARCE, PA, 09/15/2025.

Encounter performed and documented by MITCHELL PEARCE, PA

Encounter reviewed & signed by MITCHELL PEARCE, PA on 09/15/2025 at 10:48 AM

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)**Encounter Date: 09/11/2025****Patient**

Name	ELLISON, MARIA (68yo, F) ID# 30339	Appt. Date/Time	09/11/2025 01:15PM
DOB	09/21/1956	Service Dept.	KNOXVILLE
Provider	MITCHELL PEARCE, PA		
Insurance	Med Primary: UNITED HEALTHCARE COMMUNITY PLAN-TN (MEDICARE REPLACEMENT/ADVANTAGE - HMO) Insurance # : 121606745 Policy/Group # : TND SNP PCP : HOEHL, MARY, DO Referring Provider Name : HOEHL, MARY, DO Med Secondary: BCBS-TN - BLUECARE (MEDICAID REPLACEMENT - HMO) Insurance # : ZECM14381748 Policy/Group # : 125000 Prescription: check now		

Chief Complaint

Wound Care Follow-up

Patient's Care Team**Primary Care Provider (Primary Insurance):** HOEHL, MARY, DO: 110 EXECUTIVE PARK DR, CLINTON, TN 37716, Ph (865) 494-9241, Fax (865) 374-2121**Referring Provider (Primary Insurance):** HOEHL, MARY, DO: 110 EXECUTIVE PARK DR, CLINTON, TN 37716, Ph (865) 494-9241, Fax (865) 374-2121**Podiatrist:** MITCHELL PEARCE, PA**Other:** APEX VASCULAR: 10800 PARKSIDE DR STE 331, KNOXVILLE, TN 37934, Ph (865) 562-3232, Fax (865) 317-1115 NPI: 1992172779**Patient's Pharmacies****FOOD CITY PHARMACY #688 (ERX): 7202 MAYNARDVILLE PIKE, KNOXVILLE, TN 37918, Ph (865) 922-9683, Fax (865) 925-2595****Vitals**

None recorded.

Allergies

Reviewed Allergies

ASPIRIN**AUGMENTIN****AZITHROMYCIN****ERYTHROMYCIN BASE****LEVOFLOXACIN****Medications**

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

Reviewed Medications

dexlansoprazole 60 mg capsule,biphase delayed release TAKE ONE CAPSULE BY MOUTH DAILY AT 9 AM	03/21/25	filled
lidocaine 5 % topical patch APPLY UP TO 2 PATCHES TO PAINFUL AREA AND REMOVE AFTER 12 HOURS WAIT 12 HOURS BEFORE APPLYING NEW PATCHES	10/24/24	filled
loperamide 2 mg capsule TAKE ONE CAPSULE BY MOUTH EVERY 4 HOURS AS NEEDED FOR LOOSE STOOL	03/21/25	filled
methotrexate sodium 2.5 mg tablet TAKE THREE TABLETS BY MOUTH ONCE A WEEK	03/21/25	filled
naloxone 4 mg/actuation nasal spray FOR USE BY NASAL ROUTE. ONLY IN CASE OF EMERGENCY OF OVERDOSE	10/24/24	filled
Ozempic 1 mg/dose (4 mg/3 mL) subcutaneous pen injector INJECT 1MG UNDER THE SKIN ONCE A WEEK	03/24/25	filled
sertraline 100 mg tablet TAKE ONE TABLET BY MOUTH DAILY AT 9 AM	03/21/25	filled
Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation INHALE 1 PUFF BY MOUTH ONCE DAILY	03/21/25	filled

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
COVID-19											
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	11/13/21	0.25 mL	Intramuscular			019F21A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	02/12/21	0.5 mL	Intramuscular	Arm, Left Upper		025L20A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	01/15/21	0.5 mL	Intramuscular	Arm, Right Upper		037K20A	Moderna US, Inc.				
Influenza											
influenza, high dose seasonal	10/07/24	0.5 mL	Intramuscular	Deltoid, Left		U8499DA	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/29/23	0.7 mL	Intramuscular			UT8137DA	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/22/22	0.7 mL	Intramuscular			999	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/30/21	0.5 mL	Intramuscular			999	Sanofi Pasteur				
influenza, injectable, quadrivalent, preservative free	09/02/21	0.5 mL	Intramuscular	Deltoid, Left		49LC5	ID Biomedical				
influenza, injectable, quadrivalent, preservative free	09/02/20	0.5 mL	Intramuscular	Deltoid, Left		UJ430AA	Sanofi Pasteur				
Pneumococcal											
pneumococcal conjugate PCV 13	09/30/21	0.5 mL	Intramuscular			999	Pfizer, Inc				
Respiratory Syncytial Virus											
RSV, bivalent, protein subunit RSVpreF, diluent reconstituted, 0.5 mL, PF	10/27/23	1 mL	Intramuscular			HL9687	Pfizer, Inc				
Zoster											
zoster recombinant	01/12/22	1 mL	Intramuscular			999	GlaxoSmithKline				
zoster recombinant	09/21/21	0.5 mL	Intramuscular			999	GlaxoSmithKline				

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

Problems

Reviewed Problems

- Disorder of cardiovascular system - Onset: 08/14/2025
- Ulcer of left heel - Onset: 08/14/2025
- Onychomycosis - Onset: 08/14/2025
- Disorder of nervous system due to type 2 diabetes mellitus - Onset: 08/14/2025
- Antalgic gait - Onset: 08/14/2025
- Walking disability - Onset: 08/14/2025
- Foot callus - Onset: 08/14/2025

Family History

Reviewed Family History

- Unspecified Relation
- Arthritis
- Arthritis
- Arthritis

Social History

Reviewed Social History

Advance Directive

Do you have an advance directive?: No

Do you have a medical power of attorney?: No

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 08/14/2025

Has tobacco cessation counseling been provided?: No

What is your level of alcohol consumption?: None

Activities of Daily Living

Are you able to care for yourself independently?: Yes (Notes: has caretaker that lives with her)

Are you able to walk?: Yes: limited self-mobility with assistive device(s); generally relies on wheeled mobility

Surgical & Procedure History

Reviewed Surgical & Procedure History

Past Medical History

Reviewed Past Medical History

Arthritis: Y

Asthma: Y

Back Pain: Y

Diabetes: Y

Dyslipidemia: Y

Emphysema: Y

Fibromyalgia: Y

Gout: Y

Headaches: Y

Hypertension: Y

Osteoporosis: Y

Rheumatoid Arthritis: Y

Ulcers: Y

Varicose Veins: Y

Screening

Name	Score	Notes
Steady Fall Risk - 3 item	Not scored	wheel chari bound

HPI

Very pleasant 68-year-old diabetic female here with her boyfriend for evaluation of left heel wounds x 3 months. Unsure of etiology she is in a wheelchair and does report pulling herself around with her feet both barefoot and with shoes on. Current A1c unknown they think this is over 8. Also patient of Dr. B with Apex recent revascularization left lower extremity last month. They have been soaking the wound in peroxide

Here today follow-up to the above-mentioned appearance has improved some from previous visit she did have a lot of drainage and struggled some with dressing change but appears to have followed offload instructions. They did have a long road trip in a car since last visit. Still has not started checking her sugar.

Here today follow-up of the above-mentioned continued wound care. Slowly improving left foot heel wound she does have

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

preulcerative lesion right heel as well male.

Here today for continued wound care current A1c 9.5. Wound is doing well she appears to be compliant with dressings and offloads.

Here today follow-up as above doing well cultures pending with some gram-negative flora I believe this is a colonization and not a true infection.

Here today for continued wound care. She tells me today he has a wound that she did not change this dressing all week despite explicit instructions to change it at least daily or every other day depending on drainage level. She did go see primary care who thankfully increased her Ozempic as all of our fingerstick glucose readings in the office have been over 250. She states today that she has still not been able to check her sugar daily although she is not really able to articulate reason why. Her partner is here with her today who states that he should be able to change her dressing daily. We seem to be having some issues with dressing change compliance I am also suspicious of level of offload that she does when she is at home as she lives by herself. Wound has increased in size from previous.

ROS

Patient reports no significant weight change, good appetite, no fever, normal activity level, and no fatigue. She reports no pain, no blurry vision, no redness, no itchiness, no swelling, no discharge, and normal movement. She reports no ear pain, no ear discharge, no hearing loss, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. She reports no chest pain and normal heart rate. She reports no lumps, no tenderness, and no discharge. She reports no cough, no wheezing, no chest tightness, no pain with respiration, and normal respiration. She reports no difficulty swallowing, no abdominal pain, no nausea, no vomiting, no diarrhea, no constipation, no blood in stool, and no mucous in stool. She reports no discharge, no blood in urine, no pain with urination, no increase in frequency of urination, no voiding urgency, and no vaginal discharge. She reports no soft tissue swelling, no joint swelling, no myalgia, moves all extremities well, no previous injuries, and no trauma. She reports no pain, no itchiness, no skin dryness, no flaking, no redness, no rash, no hives, no skin lesions, no skin lumps, no swelling, no bruising, and no insect bites. She reports no numbness, no weakness, no tingling, no burning, no shooting pain, no headache, no dizziness, and no loss of consciousness. She reports no depression, no anxiety, no insomnia, no stress, and no loss of interest. She reports normal drinking and no temperature intolerance. She reports no sneezing and no runny nose.

Physical Exam

Constitutional: General Appearance: well-developed. Level of Distress: NAD.

Cardiovascular: Arterial Pulses Right: **dorsalis pedis diminished** and **posterior tibialis diminished**. Arterial Pulses Left: **dorsalis pedis diminished** and **posterior tibialis diminished**. Varicosities Right: **varicosities**. Varicosities Left: **varicosities**.

Integumentary: Foot Right: **dry** and **atrophic**. Foot Left: **dry** and **atrophic**. Great Toe Nail Right: **pain with and without pressure**. Great Toe Nail Left: **pain with and without pressure**.

Neurological: Neurological Right: **gross sensation diminished**. Neurological Left: **gross sensation diminished**.

Musculoskeletal: Muscle Strength and Tone Right: **hypotonicity**. Muscle Strength and Tone Left: **hypotonicity**. Joints, Bones, and Muscles Right: **contractures** and **limited ROM**. Joints, Bones, and Muscles Left: **contractures** and **limited ROM**.

Class: Class B Right: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes**, and **skin texture thin**. Class B Left: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes**, and **skin texture thin**.

Full-thickness ulceration left heel approximately 5 cm x 5.5 cm x 0.4 cm. No signs of infection there is periwound maceration.

Procedure Documentation**DR 11042 - Debridement of Open Wound, Subcutaneous:**

After obtaining informed consent, all wounds and wound edges were sharply debrided to level of subcutaneous tissue using a 15 blade scalpel and curette, removing all nonviable/necrotic tissue. Following debridement, punctate bleeding was noted with healthy granular margins. Hemostasis was maintained utilizing manual compression and silver nitrate as necessary. A dry sterile compressive dressing was applied.

Assessment / Plan**Skin ulcer of left heel with fat layer****1. exposed**

L97.422: Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed

2. Onychomycosis

B35.1: Tinea unguium

Disorder of nervous system due to type 2 diabetes**3. mellitus**

E11.69: Type 2 diabetes mellitus with other specified complication

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

G98.8: Other disorders of nervous system

Antalgic

4. gait

R26.89: Other abnormalities of gait and mobility

Disability of

5. walking

R26.2: Difficulty in walking, not elsewhere classified

Callus of

6. foot

L84: Corns and callosities

Unspecified disorder of circulatory

7. system

I99.9: Unspecified disorder of circulatory system

Discussion Notes

Debridement today she has colonized some bacteria we again went over importance of Dial soap in the shower. Most important thing right now is to dry out the wound she is going to do wound wash every day and also change the dressing every day we were very clear with this that this needs to be changed every day reiterated this multiple times in the room with patient and her partner they verbalized understanding and I will continue to see her twice weekly just to monitor the wound. Again also talked about importance of tight glucose control. She states that they cannot check her A1c until next month due to insurance. She has a new excuses as to why she cannot check her sugar at home every time she comes in. Patient verbalizes frustration with the wound healing process she has had this wound for about 4 months total.

Return to Office

- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 09/16/2025 at 08:45 AM
- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 09/18/2025 at 03:30 PM

Encounter Sign-Off

Encounter signed-off by MITCHELL PEARCE, PA, 09/11/2025.

Encounter performed and documented by MITCHELL PEARCE, PA

Encounter reviewed & signed by MITCHELL PEARCE, PA on 09/11/2025 at 02:24 PM

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)**Encounter Date: 09/04/2025**

Patient

Name	ELLISON, MARIA (68yo, F) ID# 30339	Appt. Date/Time	09/04/2025 09:00AM
DOB	09/21/1956	Service Dept.	KNOXVILLE
Provider	MITCHELL PEARCE, PA		
Insurance	Med Primary: UNITED HEALTHCARE COMMUNITY PLAN-TN (MEDICARE REPLACEMENT/ADVANTAGE - HMO) Insurance # : 121606745 Policy/Group # : TND SNP PCP : HOEHL, MARY, DO Referring Provider Name : HOEHL, MARY, DO Med Secondary: BCBS-TN - BLUECARE (MEDICAID REPLACEMENT - HMO) Insurance # : ZECM14381748 Policy/Group # : 125000 Prescription: OPTUMRX - Member is eligible. details Prescription: OPTUM_IRX - Member is eligible. details		

Chief Complaint

Wound Care Follow-up

Patient's Care Team

Primary Care Provider (Primary Insurance): HOEHL, MARY, DO: 110 EXECUTIVE PARK DR, CLINTON, TN 37716, Ph (865) 494-9241, Fax (865) 374-2121**Referring Provider (Primary Insurance):** HOEHL, MARY, DO: 110 EXECUTIVE PARK DR, CLINTON, TN 37716, Ph (865) 494-9241, Fax (865) 374-2121**Podiatrist:** MITCHELL PEARCE, PA**Other:** APEX VASCULAR: 10800 PARKSIDE DR STE 331, KNOXVILLE, TN 37934, Ph (865) 562-3232, Fax (865) 317-1115 NPI: 1992172779

Patient's Pharmacies

FOOD CITY PHARMACY #688 (ERX): 7202 MAYNARDVILLE PIKE, KNOXVILLE, TN 37918, Ph (865) 922-9683, Fax (865) 925-2595

Vitals

None recorded.

Allergies

Reviewed Allergies

ASPIRIN**AUGMENTIN****AZITHROMYCIN****ERYTHROMYCIN BASE****LEVOFLOXACIN**

Medications

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

Reviewed Medications

dexlansoprazole 60 mg capsule,biphase delayed release TAKE ONE CAPSULE BY MOUTH DAILY AT 9 AM	03/21/25	filled
lidocaine 5 % topical patch APPLY UP TO 2 PATCHES TO PAINFUL AREA AND REMOVE AFTER 12 HOURS WAIT 12 HOURS BEFORE APPLYING NEW PATCHES	10/24/24	filled
loperamide 2 mg capsule TAKE ONE CAPSULE BY MOUTH EVERY 4 HOURS AS NEEDED FOR LOOSE STOOL	03/21/25	filled
methotrexate sodium 2.5 mg tablet TAKE THREE TABLETS BY MOUTH ONCE A WEEK	03/21/25	filled
naloxone 4 mg/actuation nasal spray FOR USE BY NASAL ROUTE. ONLY IN CASE OF EMERGENCY OF OVERDOSE	10/24/24	filled
Ozempic 1 mg/dose (4 mg/3 mL) subcutaneous pen injector INJECT 1MG UNDER THE SKIN ONCE A WEEK	03/24/25	filled
sertraline 100 mg tablet TAKE ONE TABLET BY MOUTH DAILY AT 9 AM	03/21/25	filled
Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation INHALE 1 PUFF BY MOUTH ONCE DAILY	03/21/25	filled

Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
COVID-19											
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	11/13/21	0.25 mL	Intramuscular			019F21A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	02/12/21	0.5 mL	Intramuscular	Arm, Left Upper		025L20A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	01/15/21	0.5 mL	Intramuscular	Arm, Right Upper		037K20A	Moderna US, Inc.				
Influenza											
influenza, high dose seasonal	10/07/24	0.5 mL	Intramuscular	Deltoid, Left		U8499DA	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/29/23	0.7 mL	Intramuscular			UT8137DA	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/22/22	0.7 mL	Intramuscular			999	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/30/21	0.5 mL	Intramuscular			999	Sanofi Pasteur				
influenza, injectable, quadrivalent, preservative free	09/02/21	0.5 mL	Intramuscular	Deltoid, Left		49LC5	ID Biomedical				
influenza, injectable, quadrivalent, preservative free	09/02/20	0.5 mL	Intramuscular	Deltoid, Left		UJ430AA	Sanofi Pasteur				
Pneumococcal											
pneumococcal conjugate PCV 13	09/30/21	0.5 mL	Intramuscular			999	Pfizer, Inc				
Respiratory Syncytial Virus											
RSV, bivalent, protein subunit RSVpreF, diluent reconstituted, 0.5 mL, PF	10/27/23	1 mL	Intramuscular			HL9687	Pfizer, Inc				
Zoster											
zoster recombinant	01/12/22	1 mL	Intramuscular			999	GlaxoSmithKline				
zoster recombinant	09/21/21	0.5 mL	Intramuscular			999	GlaxoSmithKline				

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

Problems

Reviewed Problems

- Disorder of cardiovascular system - Onset: 08/14/2025
- Ulcer of left heel - Onset: 08/14/2025
- Onychomycosis - Onset: 08/14/2025
- Disorder of nervous system due to type 2 diabetes mellitus - Onset: 08/14/2025
- Antalgic gait - Onset: 08/14/2025
- Walking disability - Onset: 08/14/2025
- Foot callus - Onset: 08/14/2025

Family History

Reviewed Family History

- Unspecified Relation
- Arthritis
- Arthritis
- Arthritis

Social History

Reviewed Social History

Advance Directive

Do you have an advance directive?: No

Do you have a medical power of attorney?: No

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 08/14/2025

Has tobacco cessation counseling been provided?: No

What is your level of alcohol consumption?: None

Activities of Daily Living

Are you able to care for yourself independently?: Yes (Notes: has caretaker that lives with her)

Are you able to walk?: Yes: limited self-mobility with assistive device(s); generally relies on wheeled mobility

Surgical & Procedure History

Reviewed Surgical & Procedure History

Past Medical History

Reviewed Past Medical History

Arthritis: Y

Asthma: Y

Back Pain: Y

Diabetes: Y

Dyslipidemia: Y

Emphysema: Y

Fibromyalgia: Y

Gout: Y

Headaches: Y

Hypertension: Y

Osteoporosis: Y

Rheumatoid Arthritis: Y

Ulcers: Y

Varicose Veins: Y

Screening

Name	Score	Notes
Steady Fall Risk - 3 item	Not scored	wheel chair bound

HPI

Very pleasant 68-year-old diabetic female here with her boyfriend for evaluation of left heel wounds x 3 months. Unsure of etiology she is in a wheelchair and does report pulling herself around with her feet both barefoot and with shoes on. Current A1c unknown they think this is over 8. Also patient of Dr. B with Apex recent revascularization left lower extremity last month. They have been soaking the wound in peroxide

Here today follow-up to the above-mentioned appearance has improved some from previous visit she did have a lot of drainage and struggled some with dressing change but appears to have followed offload instructions. They did have a long road trip in a car since last visit. Still has not started checking her sugar.

Here today follow-up of the above-mentioned continued wound care. Slowly improving left foot heel wound she does have

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preulcerative lesion right heel as well male.

Here today for continued wound care current A1c 9.5. Wound is doing well she appears to be compliant with dressings and offloads.

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Physical Exam

Constitutional: General Appearance: well-developed. Level of Distress: NAD.

Cardiovascular: Arterial Pulses Right: **dorsalis pedis diminished** and **posterior tibialis diminished**. Arterial Pulses Left: **dorsalis pedis diminished** and **posterior tibialis diminished**. Varicosities Right: **varicosities**. Varicosities Left: **varicosities**.

Integumentary: Foot Right: **dry** and **atrophic**. Foot Left: **dry** and **atrophic**. Great Toe Nail Right: **pain with and without pressure**. Great Toe Nail Left: **pain with and without pressure**.

Neurological: Neurological Right: **gross sensation diminished**. Neurological Left: **gross sensation diminished**.

Musculoskeletal: Muscle Strength and Tone Right: **hypotonicity**. Muscle Strength and Tone Left: **hypotonicity**. Joints, Bones, and Muscles Right: **contractures** and **limited ROM**. Joints, Bones, and Muscles Left: **contractures** and **limited ROM**.

Class: Class B Right: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes**, and **skin texture thin**. Class B Left: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes**, and **skin texture thin**.

Full-thickness ulceration left heel approximately 4 cm x 5 cm x 0.4 cm. No signs of infection there is periwound maceration.

Procedure Documentation**DR 11042 - Debridement of Open Wound, Subcutaneous:**

After obtaining informed consent, all wounds and wound edges were sharply debrided to level of subcutaneous tissue using a 15 blade scalpel and curette, removing all nonviable/necrotic tissue. Following debridement, punctate bleeding was noted with healthy granular margins. Hemostasis was maintained utilizing manual compression and silver nitrate as necessary. A dry sterile compressive dressing was applied.

Assessment / Plan**Skin ulcer of left heel with fat layer****1. exposed**

L97.422: Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed

2. Onychomycosis

B35.1: Tinea unguium

Disorder of nervous system due to type 2 diabetes**3. mellitus**

E11.69: Type 2 diabetes mellitus with other specified complication

G98.8: Other disorders of nervous system

Antalgic**4. gait**

R26.89: Other abnormalities of gait and mobility

ELLISON, Kathy K (Legal name: Maria Ellison) | (id #30339, dob: 09/21/1956)

Disability of

5. walking

R26.2: Difficulty in walking, not elsewhere classified

Callus of

6. foot

L84: Corns and callosities

Unspecified disorder of circulatory

7. system

I99.9: Unspecified disorder of circulatory system

Discussion Notes

Debridement today continue dry dressing were can change this twice a week ourselves. Start wound wash next week. She has appointment next week with primary care as well for updated A1c and better glucose management. Advised to call with any questions or concerns. She has offloaded intact with pillows.

Return to Office

- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 09/09/2025 at 01:15 PM
- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 09/11/2025 at 01:15 PM

Encounter Sign-Off

Encounter signed-off by MITCHELL PEARCE, PA, 09/04/2025.

Encounter performed and documented by MITCHELL PEARCE, PA

Encounter reviewed & signed by MITCHELL PEARCE, PA on 09/04/2025 at 09:54 AM