

CHIEF COMPLAINT: , Foot pain.,HISTORY OF PRESENT ILLNESS: , This is a 17-year-old high school athlete who swims for the swimming team. He was playing water polo with some of his teammates when he dropped a weight on the dorsal aspects of his feet. He was barefoot at that time. He had been in the pool practicing an hour prior to this injury. Because of the contusions and abrasions to his feet, his athletic trainer brought in him to the urgent care. He is able to bear weight; however, complains of pain in his toes. The patient did have some avulsion of the skin across the second and third toes of the left foot with contusions across the second, third, and fourth toes and dorsum of the foot. According to the patient, he was at his baseline state of health prior to this acute event.,PAST MEDICAL HISTORY: , Significant for attention deficit hyperactivity disorder.,PAST SURGICAL HISTORY: ,Positive for wisdom tooth extraction.,FAMILY HISTORY: , Noncontributory.,SOCIAL HISTORY: ,He does not use alcohol, tobacco or illicit drugs. He plays water polo for the school team.,IMMUNIZATION HISTORY: , All immunizations are up-to-date for age.,REVIEW OF SYSTEMS: , The pertinent review of systems is as noted above; the remaining review of systems was reviewed and is noted to be negative.,PRESENT MEDICATIONS: , Provigil, Accutane and Rozerem.,ALLERGIES: ,None.,PHYSICAL EXAMINATION:,GENERAL: This is a pleasant white male in no acute distress.,VITAL SIGNS: He is afebrile. Vitals are stable and within normal limits.,HEENT: Negative for acute

evidence of trauma, injury or infection.,LUNGS:
Clear.,HEART: Regular rate and rhythm with S1 and
S2.,ABDOMEN: Soft.,EXTREMITIES: There are some
abrasions across the dorsum of the right foot including the
second, third and fourth toes. There is some mild tenderness
to palpation. However, there are no clinical fractures. Distal
pulses are intact. The left foot notes superficial avulsion
lacerations to the third and fourth digit. There are no
subungual hematomas. Range of motion is decreased
secondary to pain. No obvious fractures identified.,BACK
EXAM: Nontender.,NEUROLOGIC EXAM: He is alert, awake
and appropriate without deficit.,RADIOLOGY: , AP, lateral,
and oblique views of the feet were conducted per Radiology,
which were negative for acute fractures and significant soft
tissue swelling or bony injuries.,On reevaluation, the patient
was resting comfortably. He was informed of the x-ray
findings. The patient was discharged in the care of his mother
with a preliminary diagnosis of bilateral foot contusions with
superficial avulsion lacerations, not requiring surgical
repair.,DISCHARGE MEDICATIONS: , Darvocet.,The
patient's condition at discharge was stable. All medications,
discharge instructions and follow-up appointments were
reviewed with the patient/family prior to discharge. The
patient/family understood the instructions and was discharged
without further incident.