

REASON FOR VISIT: ,Followup 4 months status post percutaneous screw fixation of a right Schatzker IV tibial plateau fracture and second through fifth metatarsal head fractures treated nonoperatively.,HISTORY OF PRESENT ILLNESS: ,The patient is a 59-year-old gentleman who is now approximately 4 months status post percutaneous screw fixation of Schatzker IV tibial plateau fracture and nonoperative management of second through fifth metatarsal head fractures. He is currently at home and has left nursing home facility. He states that his pain is well controlled. He has been working with physical therapy two to three times a week. He has had no drainage or fever. He has noticed some increasing paresthesias in his bilateral feet but has a history of spinal stenosis with lower extremity neuropathy.,FINDINGS: , On physical exam, his incision is near well healed. He has no effusion noted. His range of motion is 10 to 105 degrees. He has no pain or crepitance. On examination of his right foot, he is nontender to palpation of the metatarsal heads. He has 4 out of 5 strength in EHL, FHL, tibialis, and gastroc-soleus complex. He does have decreased sensation to light touch in the L4-L5 distribution of his feet bilaterally.,X-rays taken including AP and lateral of the right knee demonstrate a healed medial tibial plateau fracture status post percutaneous screw fixation. Examination of three views of the right foot demonstrates the second through fifth metatarsal head fractures. These appear to be extraarticular. They are all in a bayonet arrangement, but there appears to be bridging callus between the fragments on the oblique film.,ASSESSMENT:

,Four months status post percutaneous screw fixation of the right medial tibial plateau and second through fifth metatarsal head fractures.,PLANS: , I would like the patient to continue working with physical therapy. He may be weightbearing as tolerated on his right side. I would like him to try to continue to work to gain full extension of the right knee and increase his knee flexion. I also would like him to work on ambulation and strengthening.,I discussed with the patient his concerning symptoms of paresthesias. He said he has had the left thigh for a number of years and has been followed by a neurologist for this. He states that he has had some right-sided paresthesias now for a number of weeks. He claims he has no other symptoms of any worsening stenosis. I told him that I would see his neurologist for evaluation or possibly a spinal surgeon if his symptoms progress.,The patient should follow up in 2 months at which time he should have AP and lateral of the right knee and three views of the right foot.