

Visit Note - July 29, 2024

PMS ID: Sex: DOB: Phone: MRN:
110244PAT000000408 Male 08/19/1965 (214) 282-4213 MM0000000267

Allergies

Reviewed February 14, 2022.
Penicillins - Swelling

Medications

Reviewed February 14, 2022.
atorvastatin 40 mg Oral - tablet
gabapentin 300 mg Oral - capsule
hydrocodone-acetaminophen 5-325
mg Oral - tablet
losartan 100 oral Frequency: 1

Medical History

Reviewed February 14, 2022.
Essential hypertension
Other: High Cholesterol

Musculoskeletal History

Reviewed February 14, 2022.
None

Musculoskeletal Family History

None

Musculoskeletal Pediatric History

None

Interventional Pain

None

Musculoskeletal Surgery

None

Surgical History

Reviewed February 14, 2022.
None

Social History

Reviewed February 14, 2022.

Patient feels safe at home

EtOH 1-2 drinks per day

Single Question Alcohol Screening: 0
days
Exercise: Once a day
Occupation: Business role. Sedentary
Place of Residence: Home
Smoking status - Former smoker
Additional Details: Quit smoking in
1990
Driving status:
Drives in the Daytime
Drives at Night

Chief Complaint: F/U Haglund's Deformity, Left evaluated on July 15, 2024

HPI: This is a 58 year old male who is following up for Haglund's Deformity. He was seen on July 15, 2024, at which time counseling haglund's deformity was performed.

Refer to was performed.

MRI Interpretation Ankle was performed.

The patient presents for further evaluation and management.

He has been having pain in the posterior aspect of the left ankle and Achilles for several months. He simply woke up 1 morning and started having pain with walking. He attempted to play tennis and was unable to secondary to pain. Pain is located on the very lower portion of the heel. He has tried activity modification, anti-inflammatories and it has not helped. He was referred to my clinic by Dr. Burgmeier for possible percutaneous tenotomy/ostectomy procedure

Historical Summary:

DOI: ~12/2023

MOI: Insidious onset

Ref: Prior RSL patient

Injury: Haglunds, Achilles tearing, Plantar Fasciitis

HPI: This is a 58-year-old highly active MALE athlete who presents after injury to the LEFT FOOT while participating in daily life activities on the above date. Pain involves the bottom of his heel and sometimes radiates up the medial aspect of his ankle; pain is mostly aggravated by walking at an incline or when pushing off while running.

He has pain and weakness, at the time of injury they did NOT have a Pop or giving way sensation.He did NOT have an instability event on the above date.He does not have subjective instability at baseline.He is not able to participate in sports or their ADLS.

They HAVE NOT tried Home exercise program, physical therapy, NSAIDS and corticosteroid injection.

They HAVE tried activity modification.

7/15/24: Vinay returns for MRI review

Exam:

Foot

Left Foot ROM:

Left Foot ROM: Normal

Skin:

Left Foot: skin intact, no rashes or lesions.

Inspection:

Left Hindfoot: **Achilles tendon tender to palpation and heel tender to palpation**

Stability:

Left Foot: Stable

Special:

Left Foot: Normal

Visit Note - July 29, 2024

PMS ID: Sex: DOB: Phone: MRN:
110244PAT000000408 Male 08/19/1965 (214) 282-4213 MM0000000267

Data Reviewed:

1 Ordering of each unique test (Order US (Ultrasound, limited study, CPT 76882))

Tests

US Interpretation Foot

US:
Date: 07/29/2024
US Type: limited US left foot
The following views were performed on US: hindfoot
Left Hindfoot US Findings: Achilles tendon hypoechogenicity and thickening, Achilles tendon calcifications, Achilles tendon, partial tear, and Retrocalcaneal bursa distention

Impression/Plan:

- Haglund's Deformity, Left**
Calcaneal spur, left foot (M77.32)
located on the left ankle.
Associated diagnoses: Calcaneal Spur, Retrocalcaneal (Achilles) Bursitis, and Achilles Tendinitis

Plan: Order US.

Indication: Haglund's Deformity, Left - M77.32, M71.572, M76.62
Study: foot
Laterality: left
Protocol(s):
Ultrasound, limited study, CPT 76882

Indication: Diagnostic purposes

Provider: Bradford Bellard
Priority: normal

Plan: Order Interventional Pain Procedure.

Indication: Haglund's Deformity, Left - M77.32, M71.572, M76.62

Planned Interventional Pain Procedure:

- Percutaneous tenotomy and ostectomy of the distal Achilles tendon and calcaneal spur

CPT Codes:

- 28118: ostectomy, calcaneus;
- 27605: tenotomy, percutaneous, achilles tendon (separate procedure); local anesthesia
- 0232T: injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed

Interval: single procedure

Physician: Dr. Brad Bellard

Estimated Time: 15 minutes

Facility Estimated Length of Stay: 0 days.

Verified that patient has no active infection, no systemic bacteremia, no skin infections, no neuropathic arthritis, no progressive neurological disease, and no other severe medical conditions that outweigh benefits of procedure.

OR Equipment Required: none.

Surgical Discussion:

Risks and benefits: I had a lengthy conversation with the patient/family regarding the risks of the interventional procedure, which include but are not limited to nerve injury, infection, persistent pain, need for repeat intervention, swelling; the benefits of the procedure; and the alternatives to the procedure which include second opinions, delaying intervention, further conservative care, or alternative medicine. They have had ample opportunity to have all of their questions answered by the medical team and are encouraged to contact us with any questions, changes or concerns that arise prior to the procedure.

Provider: Bradford Bellard
Priority: normal

Plan: Order PRP/BMC.

Visit Note - July 29, 2024

PMS ID: Sex: DOB: Phone: MRN:
110244PAT000000408 Male 08/19/1965 (214) 282-4213 MM0000000267

Indication: Haglund's Deformity, Left - M77.32, M71.572, M76.62.

Additional Comments: Thrombinator and ACP

Provider: Bradford Bellard
Priority: Normal

Plan: Additional Notes.

Patient Specific Notes: Please see detailed review of the MRI and x-rays within the chart. X-rays show a large posterior calcaneal enthesophyte/bone spur at the distal insertion of the Achilles tendon. MRI shows mild to moderate tendinosis of the distal Achilles tendon with bone marrow edema at the distal Achilles insertion and a bony enthesophyte. There is also some retrocalcaneal bursitis

The patient's MRI was reviewed along with the report of the MRI and was considered in the diagnosis and treatment of the patient

The patient's medical records and reports of radiology were reviewed and considered in the diagnosis and treatment of this patient.

Note:

Based on history and physical exam and x-ray and MRI findings it appears as though he is got significant insertional tendinosis with enthesophyte. We discussed several different options primarily percutaneous tenotomy and ostectomy of the calcaneal spur and distal Achilles tendon augmented with a thrombin matrix and platelet rich plasma. We discussed risks and benefits of the procedure and what to expect before, during, and postprocedure during recovery. He understood and was in agreement with this plan. He will follow-up once he is ready to schedule.

Staff:

Bradford Bellard (Primary Provider) (Bill Under)

Electronically Signed By: Bradford Bellard, 07/29/2024 05:39 PM CDT