



Montgomery Foot Care Specialist, P.C.

1831 Halcyon Blvd.
Montgomery AL, 36117
(334) 396-3668

Date: 11/22/23

PATIENT: GREEN, LATARCHIA **DOB:** 08/21/1975 **Gender:** FEMALE **MRN:** 23573 **AGE:** 48 Years

VISIT TYPE: New Patient Consultation

CHIEF COMPLAINT: Patient presents with foot pain.

Symptoms: Painful, Redness,

Location: bilateral feet

Quality: Sharp

Severity: 10/10

Duration: 6 months

Timing: pain comes and goes

Context: Patient is unaware of A1c number. DM

Other: Medications Reviewed. Primary Care Physician: Dr. Lindsey Barton Last seen: November 2023

VITALS: BP: 129/81 **Site:** Left Arm **Position:** Sitting **Pulse:** 70; **Ht:** 60 in.; **Wt:** 246 lbs.; **BMI:** 48.04

ALLERGIES: adhesive tape; feathers

MEDICATIONS:

amlodipine 5 mg tablet (daily)

metformin 500 mg tablet (daily)

PAST MEDICAL HISTORY: Anemia; High Blood Pressure; Varicose Vein

PAST SURGICAL HISTORY: Cesarean section; Total hysterectomy; Left Femur repair; Left Breast biopsy; Right axillary lipomaremoval

SOCIAL HISTORY: consumes alcohol, occasionally; Patient has three children. Sometimes exercises. Patient has a job. Never smoked tobacco 0 packs per day for 0 years (0 Pack Years). Counseled for nutrition. Counseled for physical activity.

PFSH: Patient relates no history of broken bones in the foot; Patient relates no history of broken bones in the ankles; Patient relates history of MRSA.

REVIEW OF SYSTEMS:

CONSTITUTIONALS: Patient denies fever, fatigue and loss of appetite.

CARDIOLOGIC: Denies circulation problems, cold feet, night cramps, or intermittent claudication symptoms.

MUSCULOSKELETAL: Denies any joint aches or pains, denies low back problems; denies any difficulty walking;

INTEGUMENTARY: Patient denies rashes, scaling, pruritus, warts, or history of other skin conditions.

NEUROLOGIC: Denies shooting or burning pains, numbness or tingling in hands or feet;

PHYSICAL EXAMINATION:

GENERAL: Patient appears consistent with age, well developed/nourished, and in no acute distress.

CARDIOVASCULAR: DP and PT pulses palpable bilateral. CFT immediate. No varicosities present. No edema present.

MUSCULOSKELETAL: Muscle strength is 5/5 for all groups tested. Muscle tone is normal. Inspection and palpation of

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bones, joints and muscles is unremarkable with pain in ROM left foot. Mild pain along the plantar heel. Pain from the plantar heel into the medial arch. Severe pain to the dorsal lateral right foot from the extensor brevis muscle belly to the 5th metatarsal base. Direct palpation of the 5th metatarsal base is very painful. No pain to the peroneal tendon. Localized edema to the dorsal lateral right foot.

Tailor's bunion b/l.

ERMATOLOGIC: Skin is warm, dry and supple in appearance. No skin rash, subcutaneous nodules, lesions or ulcers observed. Nucleated callus to the left 5th metatarsal head. Pain to the area.

NEUROLOGIC: Touch, pinpoint, vibratory and proprioception sensations are normal. Deep tendon reflexes normal.

PSYCHIATRIC: Alert and oriented x3, memory intact, mood and affect appropriate.

ORDERS:

X-Ray Complete (L) (1 unit(s)): In-House Diagnostic
X-Ray Complete (R) (1 unit(s)): In-House Diagnostic

RESULTS:

X-Ray Complete (R):
3 views(AP,LO,LAT)

dx. pain in foot

3 views show contractures of the lesser digits. Mild spurring to the plantar heel. Faint oblique fracture line to the 5th metatarsal base. Old periosteal reaction to the proximal 5th metatarsal base.

X-Ray Complete (L):
3 views(AP,LO,LAT)

dx. foot pain

3 views show no fracture or dislocations. Spurring to the plantar and posterior calcaneus.

ASSESSMENT:

M79.672 - PAIN IN LEFT FOOT (PRIMARY)
M79.671 - PAIN IN RIGHT FOOT
R60.0 - LOCALIZED EDEMA
M77.9 - ENTHESOPATHY, UNSPECIFIED
S92.354S - NDSP FX OF FIFTH METATARSAL BONE RIGHT FOOT SQ
M77.31 - CALCANEAL SPUR, RIGHT FOOT
M77.32 - CALCANEAL SPUR, LEFT FOOT
M72.2 - PLANTAR FASCIAL FIBROMATOSIS
M21.621 - Bunionette of right foot
M21.622 - Bunionette of left foot

PLAN:

Discussed findings.
Xray 3 views left and right foot to evaluate for spurring.
Discussed presence of old fracture that likely is being reinjured and causing the pain and swelling.
Recommend tube foam to pad the tailor's bunions
Recommend keratolytic creams for the calluses.
Recommend fracture boot for the right foot. Patient is unsure if she can wear it to work.

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Will apply a soft cast to allow patient to wear her regular shoes.
Patient noted relief of pain with the soft cast in place
RTC 2 weeks.

Electronically signed by Johnnie Alston, DPM on 11/23/23 8:32 AM



Reviewed
12/1/23
J. Alston, DPM