



Rogers, William

Visit Note - May 20, 2025

 PMS ID: Sex: DOB: Phone: MRN:
 118372PAT000001959 Male 08/18/2010 (334) 750-8978 MM0000001955
Alerts

No Food thinners, no allergy to latex,
 no allergy to shellfish/iodine, no
 defibrillator, no rheumatoid arthritis,
 no pacemaker, no premedication prior
 to procedures, no allergy to adhesive,
 and no fibromyalgia.

Allergies

Other: Antibiotic cream

Medications

None reported.

Medical History**Podiatric Foot/Ankle
Disease History**

Other

**Podiatric Foot/Ankle
Surgical History**

Other

Podiatric Foot/Ankle**Family History**

Other: wart

Surgical History

Other

Social History

Caffeine Use: A few times a month
 Exercise: Unspecified
 Smoking status - Never smoker

Education Status

Current Education Level: Less than
 High School Diploma

Tobacco Use

Does not use vaping products
 Does not use smokeless tobacco

ROS

Provider reviewed on May 20, 2025.

A focused review of systems was
 performed including Allergic /
 Immunologic, Cardiovascular,
 Constitutional / Symptom, Endocrine,
 Eyes, Gastrointestinal (G.I.),
 Hematologic / Lymphatic,
 Integumentary, Musculoskeletal,
 Neurological, Psychiatric, and
 Respiratory and was notable for
 headaches.

No Joint Pains, No Joint Swelling, No
 Joint Stiffness, No Unsteady Gait, No
 Numbness, No Tingling, No
 Unexpected Weight Loss, No Fever,
 No Chills, No Redness, No Rash, No
 Immunosuppression, No Chest Pain,
 No Diarrhea, No Shortness Of Breath,

Chief Complaints:

1. Warts

HPI: This is a 14 year old male who:

1. presents for a chief complaint of warts, located on the left plantar forefoot overlying 2nd metatarsal and left plantar forefoot overlying 3rd metatarsal. The warts are growing and itchy and mild in severity. He has had these warts for 7 months.

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
05/20/25 14:01	Moore, Deonna	90/56 SIT	62				61.0 in*	95.0 lbs*	17.9	1.4
	FIO2	BMI %								

* Patient Reported

Exam:FootPeripheral Pulses:

Left Dorsalis Pedis: Normal +3 dorsalis pedis pulse

Left Posterior Tibial: Normal +3 posterior tibial pulse

Left Capillary Refill: Normal CFT

Left Vascular Skin Trophic Changes: No Skin trophic changes of vascular nature

Left Edema: No Edema

Left Venous Exam: No Venous Insufficiency

Sensation:

Left LE: Normal peripheral nerve sensation

Skin:

Left Foot: circumscribed lesion(s) with pinpoint
 bleeding and verruca Well-defined cauliflower mass
 plantar third metatarsal head. Area measures
 approximately 0.6cm in diameter. Pain with palpation.

Toenails:

Left: Normal

Foot ROM:

ROM: Normal

Inspection:

Left Leg: Normal alignment, no deformity, no tenderness,
 no warmth, no masses

Inspection:

Left Hindfoot: Normal alignment, no deformity, no
 tenderness, no warmth, no masses



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No Anxiety, And No Depression.

 Left Midfoot Inspection: Normal alignment, no deformity,
 no tenderness, no warmth, no masses

 Left Forefoot Inspection: Normal alignment, no deformity,
 no tenderness, no warmth, no masses

Left Foot Eversion: Strength: 5/5, normal muscle tone.

Left Foot Inversion: Strength: 5/5, normal muscle tone.

Impression/Plan:

1. **Plantar Wart**
 Plantar wart (B07.0)
 Associated diagnosis: Foot Pain
 Status: Worsening

Plan: Counseling - Verruca Plantaris/Plantar Wart.

I counseled the patient regarding the following:

Management of verrucae plantaris was reviewed with patient including treatments such as cryotherapy, topical keratolytic medications and laser therapy. This skin infection caused by a virus may be resistant and often needs multiple treatments to eradicate the infection. Foot hygiene practices were also reviewed particularly as infection can be contagious.

Risks and benefits of management reviewed with patient. These lesions can be bothersome and interfere with activities. Spread of the lesions can occur. Lesions might need to be treated multiple times. Pain and discomfort can be expected after treatments. No treatment is superior to another, but treatment options were given to patient based on patient's age, overall health, current medications, and other medical conditions.

Contact Office if: The warts spread, or recur despite treatment.

Plan: Additional Notes.

Patient Specific Notes: Long discussion about treatment options. Discussed this with the patient and his father. We discussed topical treatment options versus laser therapy versus surgical excision. Since the lesion does not give the patient much pain at this time he will try topical options and notify the office if he wants to try the laser

2. **Foot Pain, Left**
 Pain in left foot (M79.672)

Plan: Counseling - Foot Pain.
General Counseling

Care of foot pain depends on the underlying cause. Many patients can be treated with conservative interventions like directed physical therapy, NSAIDs, bracing, and cortisone injections. Orthotics may be useful as well. Surgical intervention usually involves open or arthroscopic methods.

The natural history and treatment of foot pain depends on the cause. A variety of conditions can lead to foot pain such as arthritis, tendinitis, sprain, deformity, and fracture. Most people report swelling, difficulty putting full weight on the affected foot, occasional limping, or difficulty standing for prolonged periods of time. Physical examination and radiographic work-up are important initial steps during work-up.

Staff:

Johnnie Alston (Primary Provider) (Bill Under)

Electronically Signed By: Johnnie Alston, 05/20/2025 03:01 PM CDT

 5/22/25
 Reviewed
 J. Alston
 Chp