History and physical examination form

Alerts: Diabetes [X] MRSA [ ] PVD [ ] Anticoag [ ] Allergy [X] Hep B [ ]

Surname: Bearay Record No:

Given name: David Student: Mary Jones

DOB: 01/01/1948 Sex: M/F Todays date 22/10/2011 Podiatrist: L.Reed

A. Medical/Podiatric history

History of complaint: *(name, location, duration, previous treatment)*

- Referred by diabetes specialist for management of charcot foot; has had for 5-10 years.
- Needs ongoing treatment for diabetes mellitus (diagnosis 20 years ago)
- c/o stabbing pain on L med malleolus, R lat border & B heels, ususally at night.
- Reports last HbA1c as 7.2
- Reports this mornings' blood glucose levels at 7.2

Medical history: *(CVS, CNS, musculoskeletal, immune, surgery, endocrine)*

Medial + surgical:

Dislocated L D2
Diabetes mellitus (diagnosed 20 years ago)
Laser eye treatments for retinopathy
Had experimental injections from doctor to fuse bones in Charcot foot, unsure of what it was, but it worked.

Medications: (list, dosage)

Novomix 30 per fill 3mL
3mL X5 X5 insulin
Crestor (Rasuvastatin) 10mg X 30 (Cholesterol)
Glimepiride (Diapride) 4mg X 30
Karvea, (Ibersartin) 300mg X1
Metformin (Formet 1000) 1000mg X 90
Propanolol (Deralin) 40mg X 100, 2 tbs twice daily
Prilace (Ramipril) 10mg X 30

Weight: 98 kgs

Height: 165 cms

Blood pressure: ……mmHg

Pulse: …….. BPM

Allergies: recent reactions to Alliprim (Trimethaprim)

Family History:

Sister has diabetes (type 20 mother & father died late in life.

Footwear: *(types)*

Black leather lace- ups (Dr Comfort style) Orthotics in shoes 2 years old poly propylene shell with deep heel cup and high medial & lateral borders, minimal cushioning.

B. Podiatric examination

Objective examination of complaint: (site, size, pain type)

Orthopaedic: (structure, hip, leg, feet, gait)

- Dorsally dislocated L D2
- Medial prominence at med cuneiform area and plantar prominence under cuboid
- Bilateral Pes Planus with Abd of FFT due to charcot foot.

Dermatology: (lesions, site, type, texture)

- Large callous and discoloured lesion under l cuboid- extravasation present 20mm diameter
- Scar over medial cuneiform prominence (L)
- Patient cuts own toenails
- L CPMA2, skin shiny and hairless both feet

Footwear: (FW)

Aadequate depth & width but no accommodation/cushioning for ulcer

Peripheral vascular assessment

Reference range	***Anatomy***	***Left***	***Right***	***Comments***
Macrovascular ++++ bounding +++ normal + diminished 0 absent	*Posterior Tibial*	-	-	PT unpalpable due to oedema
	Dorsalis Pedis	+	+	
Microvascular (SCPFT) ***<5 sec- WNL*** ***>5 sec -delayed***	*Forefoot*	5s	5s	
Perfusion (temp) *Warm- WNL* *Cool- reduced*	*Foot*	WNL	*WNL*	
Varicosities *Absent- WNL* *Present- abnormal*	*Leg/foot*	Present	Present	
Lymphedema *Absent- WNL* *Pitting- abnormal* *Non-pitting-abnormal*	*Ankles*	Pitting	Pitting	

Neurological Assessment:

Reference range	*Anatomy*	*Left*	*Right*	*Comments*
Sensory (afferent) Present- WNL Absent- abnormal	*Fine touch*	Absent	Absent	Monofilament absent on >2 places l around plantar hallux, right ant to arch
Motor(efferent) Present-WNL Absent-abnormal	*Dorsi/plantarflexion*	Decrease INV	Decrease INV	
Vibration Present-WNL Absent-abnormal	*Hallux*	Absent	Absent	Palpable on tib. Tuberosity unable to identify on feet
Reflex (innervation) Present-WNL Absent-abnormal	*Patella* *Ankle*	Absent	Absent	

C. Diagnosis

Provisional/differential

- Lesion- neuropathic ulcer -8X7mm, necrotic slough + granulation tissue present.
- Scar on medial cuneiform secondary to poor FW previously.
- Callous under L2nd MPJ secondary to increased pressure from dislocated phalanx/MTPJ
- This is a high risk pt due to neuropathy, deformity & vasc changes secondary to diabetes.

Etiology: (list)

Ulcer from charcot arthropathy with midfoot collapse.

D. Treatment

Short term:	*Long term:*
• BN trimmed + filed • L debride C & ulcer, irrigate saline • Wiped area with Cavilon- biofilm • Applied dressing – Allevyn with Ag-Melolin & Hypafix • L PMP 'U' to 2nd • Dressing to off-load 100mm SCF • Advised pt to keep area dry & clean until next visit for dressing change.	• Return 3 days for dressing + padding change • Return 1/52 to high risk foot clinic for further ulcer Rx + full diabetes assessment inc. • Doppler, ABI and TPI pressure relief e.g. aircast + future custom orthoses • Need biomechanical exam+ gait assessment

Autoclave batch: steriliser #2, date: 20/10/2011 batch no: 0001066

Student signature: M Jones Staff signature: L Reed