ALERTS: Diabetes ☒ MRSA ☐ PVD ☐ Anticoag ☐ Allergy ☐ HepB ☐

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: (nature, location, duration, previous treatment)

- Referred by diabetes specialist for management of charcot foot; has had for 5-10 yrs.
- Needs ongoing treatment for diabetes mellitus (diagnosed 20 yrs ago)
- C/o stabbing pain on L med malleolus, R lat. border & B heels usually 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)

- Dislocated L02
- Diabetes Mellitus (diagnosed 20yrs ago)
- Laser eye treatments for retinopathy.
- Had experimental injections from doctor to fuse bones in charcot foot, unsure of what it was but worked.
- Allergy: recent reaction to Allprim? (Trimethaprim)

Medications: (list, dosage)

- Novomix 30 per fill 3mL 3mL x 5 x 5 Insulin
- Crestor (rosuvastatin) 10mg x 30 cholesterol
- Glimepiride (diapride) 4mg x 30
- Karvea (Irbesartan) 300mg x1
- Met formin (format 1000) 1000mg x 90
- Propranolol (deralin) 40mg x 100, 2tbs twice a day
- Prilace (Ramipril) 10mg x 30

Family History:
sister has diabetes (type 2)
mother & father died late in life.

Weight: 98 kgs

Height: 165 cms

Footwear: (types) Black leather lace-ups (Dr comfort style) Orthotics in shoes 2 yrs old, poly propolene shell with deep heel cup & high medial & lat borders minimal cushioning

Blood pressure: ..... mmHg

Pulse: ..... BPM

HISTORY AND PHYSICAL EXAMINATION

B. Podiatric examination

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

- pt cuts own toenails
- dorsally dislocated LD2
- medial prominance at med cuneiform area + plantar prominance under cuboid
- large callous + discoloured lesion under L cuboid- extravasation present 20mm diameter
- scar over med cuneiform prominence - L
- Footwear - adequate depth + width but no accomodation / cushioning for ulcer

Dermatology: (lesions, site, type, texture)	LCPMA$_2$, skin shiny + hairless both feet
Orthopaedic: (structure, hip, leg, feet, gait)	Bilateral pes planus with ABD of FFT due to Charcot Foot

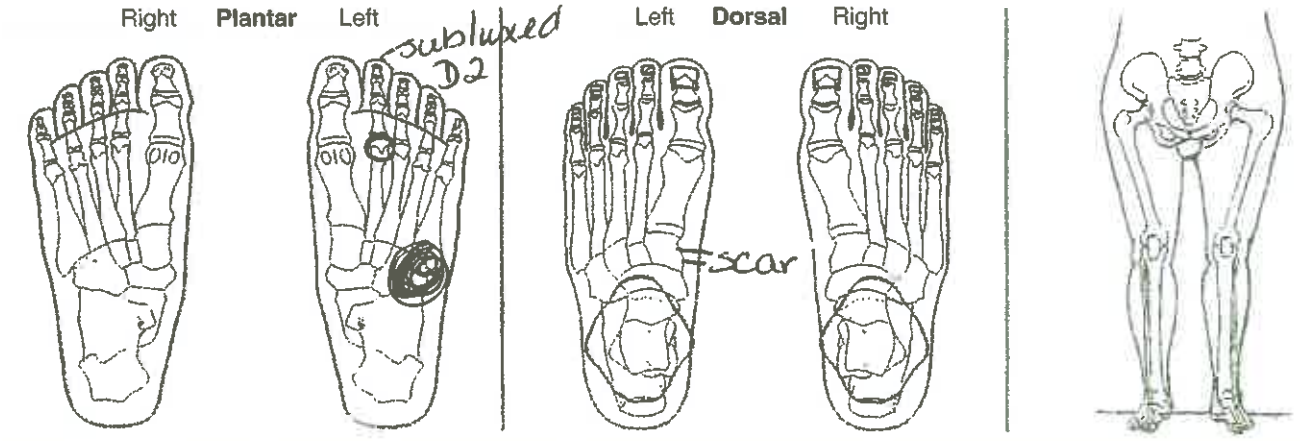
Peripheral Vascular Assessment:

Reference range	Anatomy	Left	Right	Comments
Macrovascular +++ – bounding +++ – normal + – diminished 0 – absent	Posterior Tibial	—	—	unpalpable due to oedema
	Dorsalis	+	+	
Microvascular (SVPFT) <5sec – WNL >5sec – delayed	Forefoot	5s	5s	
Perfusion (temp) warm – WNL cool – reduced	Foot	WNL	WNL	
Varicosities Absent – WNL Present – abnormal	Leg/foot	Present	Present	
Lymphodema 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 12 places, L around plantar hallux, right ant. to arch.
Motor (Efferent) present – WNL absent – abnormal	Dorse/plantar lexion	↓INV	↓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	

Diagrams: (Mark location of pathology)



C. Diagnosis

provisional/differential

- Lesion - neuropathic ulcer - 8x 7mm, necrotic slough + granulation tissue present
- Scar on med cuneiform secondary to poor FW previously
- Callous under L 2nd 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 + [redacted]

D. Treatment

Short term:

- BN trimmed + filed
- L Debride C+ ulcer, irrigate saline
- Wiped area with Cavilon - biofilm
- Applied dressing - Allevyn with Ag - melonin + hypofix
- LPMP 'V' to 2nd
- dressing to off load 10mmSCF
- Advised pt to keep area dry + clean until next visit for dressing change.

Long term:

- Return 3 days for dressing + padding change
- Return 1/52 to high risk foot clinic for further ulcer tx + full diabetes assessment inc
- Doppler ABI & TPI pressure relief eg Aircast + future custom orthoses.
- Needs biomechanical exam + gait assessment

Sterilisation Details: Steriliser #2

Date 20/10/11

Batch No: 0001066

Student signature: ~~Mary Jones~~ M. Jones Staff signature: [redacted]

HISTORY AND PHYSICAL EXAMINATION

Date	Notes