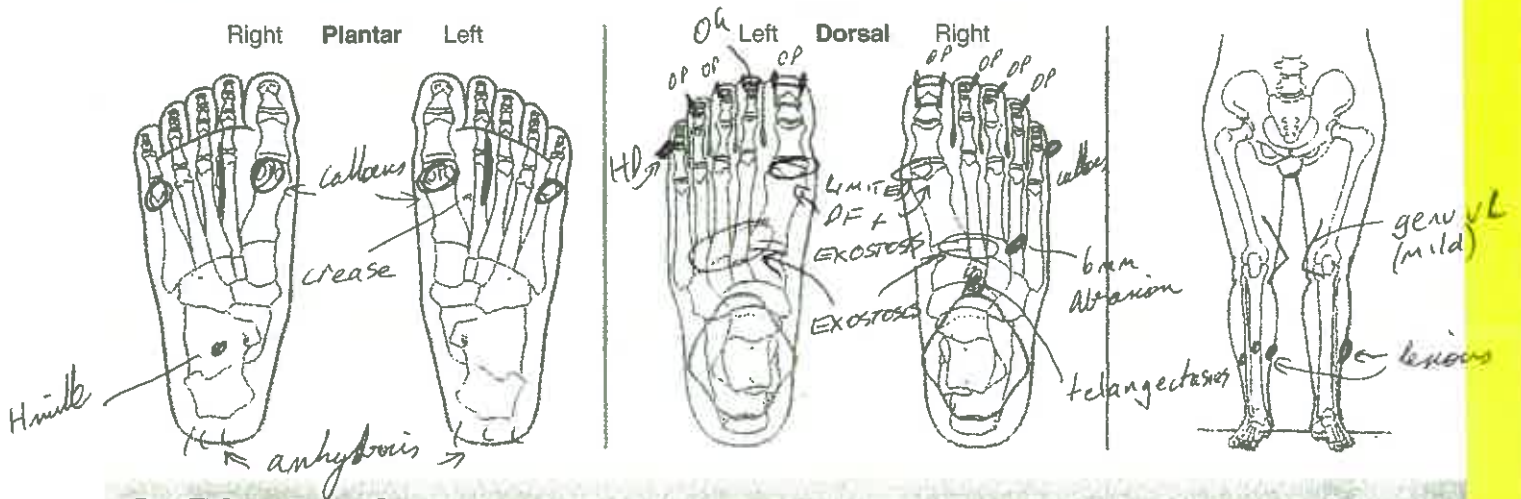


Diagrams: (Mark location of pathology)



C. Diagnosis

provisional/differential

- P/C - TOE PAIN DUE TO INVOLUTED NAILS + OP - EXACERBATED BY TIGHT FW
- PMA PAIN FROM CALLOUSES DUE TO CLAWING OF TOES (TIGHT EXTENSORS + ANKLE EQ)
- HEEL PAIN DUE TO HAMILK RELATED TO ANHYPOSIOS
- KNEE DISCOMFORT POSS DUE TO OA (L) + POST SX (R)
- BOS PAIN FROM MO DUE TO TIGHT SHOES + RETRACTED TOE (L)
- HAV MAKES SHOES TIGHTER
- SHOE FIT PROBLEMS DUE TO NARROW HEEL + WIDE FOREFOOT
- MODERATE ARTERIAL + VENOUS INSUFFICIENCY
- MILD NEUROPATHY LOCALISED PMA 2-3 B foot - SWELLING DUE TO VENOUS DRAINAGE

Etiology: (list) SEE ABOVE

+ CARDIOVASCULAR STATUS + MEDS.

D. Treatment

Short term:

- B/N trimmed + filed
- B O, B nails + LO₂ Bulbi, LO3-5 + RD2-5 OP debrided
- B CPA, + S debrided
- ~~B E APF~~ L D S C P I P S debrided,
- R D S H O P I P T debrided
- R Hamilk enucleated anterior - central PCA
- B CPA filed/sanded
- sorbalene applied B foot.
- (A) no longer/degree due to foot shoes or similar

Long term:

- review for ongoing podiatry care (monthly)
- ABI + TPE next visit (vascular)
- bietherometer " " (neuro)
- assess for depth FW, pos ulnar insect
- check lesion sizes on B legs
- report to GP + nursing home re ongoing podiatry care + test results.

AUTOCLAVE BATCH 000 1560

DATE 14.3.13
STERILISER 2

Student signature: _____

Staff signature: _____