Alerts: Diabetes **MRSA** **PVD** **Anticoag** **Allergy** **HepB**

Surname: W **Record No:**

Given name: Pat **Student:**

DOB: 1/1/27 **Sex: F** **Today's date: 15/3/13** **Podiatrist: L. Reed**

A. Medical/Podiatric history

History of complaint: (nature, location, duration, previous treatment)

Presents today to QUT clinic to assist with student learning. Has travelled from her aged care facility.

Presenting Complaint – B feet painful tips of toes 'big toes' and pain in 'ball of feet'. R foot painful heel. Discomfort at the locations present for several years (>3yrs) & is relieved with nail care and callous debridement by podiatrists. She uses a walker to move around, has bilateral knee discomfort. Reports this week Dx of skin cancer (unsure of type) R anterior lateral leg. B 5th toes 'corns' tender. Reports swelling of B feet & ankles but difficulty getting shoes to stay on foot – slide off heels.

Past podiatric history:

Has attended a podiatrist every 3-4 weeks for decades, for care of nails and skin lesions. Has

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

Medical & Surgical

Current

- brain tumor, has regular chemotherapy and radiation Rx for last 2 years. Managed by specialist oncologist at St Luke's Hospital.

- Hypertension & Hypercholesterolaemia > 10 years duration.

- Angina with excessive exertion eg. Travel to shops or appointments away from home facility.

Past

– melanoma dorsum R foot removed with Sx and radiation Dx 2006

- secondary cancer R eye, eye removed 2007

- Angioplasty procedures and cardiac artery stents inserted 2007.

- melanoma left medial posterior thigh removed Sx 2008

- Coronary Bypass Sx 2009 (R great saphenous used)

- R knee replacement 2009 due to "osteosarcoma" R distal femur

Psychiatric History

- Intermittent periods of depression, particularly during active cancer Rx

Medications: (list, dosage)

See Medication list (patient updates regularly) attached to file.

Family History:

Mother & Father – CVA & MI

No siblings

No children

Footwear: (types)

Slip on canvas, prefers thin

Soled shoes for balance

Weight: 47 kgs **Height:** 158 cm

Blood Pressure: **mmHg**

Pulse: **BPM**

B: Podiatric Exam

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

1. Tenderness on palpation of nail sulci toes 1-5 B feet O/C
2. B PMA 1 +5 tender callouses, RPCA central Hmille tender to palpate
3. B HD PIPJ D5 lat pain on palpation
4. B feet mark across dorsum LISFRANC'S JOINTS due to FW & swelling

Dermatology:

(lesions, site, type, texture)

1. BD 1-4 B sulci involuted & OP lateral sulci. BD1 OP medial sulci. LD2OX & BEAUS LINES, with brown discoloration
2. LD1 black/brown longitudinal streak under nail.
3. R leg scar ankle to mid medial calf (SAPHENOUS)
   R leg – central-medial lesion 4X3 cm irregular margins, rough surface, pink & brown with scaling
   - central anterior lesion 2x1cm irregular margins, rough surface pink & scaling
   - central lateral lesion 1 cm diameter circular pink and scaling
4. L leg lateral central lesion circular with irregular border 3 cm diameter brown, black, pink pigmentation, rough surface & scaling.
5. R lateral ankle /dorsal calcaneus 1 cm diameter elevated plaque with hyperkeratosis & underlying erythema. R dorsum foot over

Orthopaedic:

(structure, hip,

leg, feet, gait)

LD5 NWB, RD5 adductovarus, BD2 hammertoe, BD3 & 4 clawing with adduction DIPJ

- B D 1 & 2 increased space R>L, BHAV stage 2 L/EHL tight,

- L Pfascia tight, R plantar styloid 5th met prominent

- B decreased PMA fat pad

ROM – B STJ, MTJ & LISFRANCS ROM limited, B ankle DF 0 deg

- B 1st MPJ DF 45 deg

Peripheral
Vascular Assessment

Reference range	**Anatomy**	**Left**	**Right**	**Comments**
Macrovascular +++ - bounding +++ - normal + - diminished 0 - absent	Posterior Tibial	+	+	B ankle oedema B dorsal foot oedema R superficial varicosities navicular (dorsum)
	Dorsalis	+	+	
Microvascular (SVPFT) <5sec – WNL ?5 sec - delayed	Forefoot	5s	5s	
Perfusion (temp) warm – WNL cool - reduced	Foot	cool toes & midfoot	cool toes & midfoot	
Varicosities Absent – WNL Present – abnormal	Leg/foot	Y	Y	B telangiectasia, dorsal foot and ankles
Lymphodema Absent – WNL Pitting – abnormal	Ankles	Pitting	Pitting	

Neurological Assessment:

Reference range	Anatomy	Left	Right	Comments
Sensory (Afferent) present – WNL absent – abnormal	Fine Touch			B cotton wool sensation absent PMA 2-3 & 5.07 monofilament absent PMA 2-3. all other sites normal
Motor (Efferent) present – WNL absent - abnormal	Dorsal/plantar lesion	Grade ¾ DF & PF	3/4 DF/PF	Inv & eversion strength 4
Vibration present – WNL absent - abnormal	Hallux	absent C128 Hz	absent C128 Hz	
Reflex (Innervation) present – WNL absent - abnormal	Patella Ankle	absent weak	absent weak	

C. Diagnosis

Provisional/differential

Presenting complaints

– toe pain due to involuted nails & OP – Exacerbated by tight FW

- PMA pain from callouses due to clawing of toes (tight extensors and ankle EQ) and decreased fat pad

- R heel pain due to HMille related to anhydrosis

- knee discomfort poss due to OA (L) and post sx (R)

- BD5 pain from HD due to tight shoes & retracted toe (L) + HAV makes shoes tighter

Dermatological findings

pressure lesions mentioned above due to foot deformities and shoe pressure

numerous skin lesions on both legs appear to be age-related degenerative changes or could be malignancies based on patient self-report, General practitioner is monitoring

Neuro and Vascular status

- moderate arterial & venous insufficiency

- mild neuropathy localised PMA 2-3 – swelling due to decreased venous drainage & cardio vascular status & meds

Footwear

- shoe fit problems due to narrow heel & wide forefoot

Risk status

patient is high risk requiring regular podiatry reviews due to good deformities and pressure lesions with diminished sensation, diminished arterial flow and immunosuppression from cancer treatments

Etiology (list)

See above

D. Treatment

Short Term:	**Long Term:**
- B/N trimmed & filed - B D1 B sulci cleared– LD2 B sulci cleared, LD3-5 & RD2-5 OP debrided - B CPMA 1 & 5 debrided - LD5CPIPJ debrided, RD5HDPIPJ debrided -R H mille enucleated anterior – central PCA - B CPCA filed/sanded - lesion dorsum right foot dressed with betadine antiseptic and sterile dressing, advice patient to remove and replace with fresh dressing next 3 to 4 days - sorbalene applied B feet - advised re longer/deeper Dr Comfort shoes or similar Autoclave Batch 000 1560 Date: 14/3/13 Steriliser: 2	- review for regular podiatry care (monthly) - ABI & TPI next visit (vascular) - biothesiometer next visit (neuro) - assess for depth FW, possible cushioned insoles - check lesion sizes on B legs, patient having lesions monitored by a general practitioner, seek confirmed diagnosis - report to GP and nursing home re ongoing podiatry care & test results.

Student signature: _____ Staff signature: _L. Reed