

History and physical examination form

Alerts: Diabetes MRSA PVD Anticoagulant Allergy Hep B

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|------------------------------------|--|
| Surname: <u>W</u> | Record No: _____ |
| Given name: <u>Pat</u> | Student: _____ |
| DOB: <u>1/1/27</u> Sex: <u>M/F</u> | Today's date: <u>15.3.13</u> Podiatrist: <u>L.Reed</u> |

1. Medical/Podiatric history

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

Lives in residential aged care facility. Wishes to attend QUT clinic to assist student learning. Presenting complaint- B feet painful tips of toes, 'big toes' + pain in 'ball of feet'. R foot painful heel. Discomfort at the locations present for several years (>3 years) & is relieved with nail care + 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 feet ___ slide off heels.

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

Medial + surgical

- Melanoma dorsum R foot removed with Sx + radiation Rx 2006
- Secondary cancer R eye, eye removed 2007
- Current brain tumour, has regular chemotherapy & radiation Rx for last 2 years, managed by specialist oncologist at St Lukes Hospital, cancer is not operable.
- Hypertension & hypercholesterolaemia >10 years duration. Angioplasty and stents inserted 2007.
- Coronary bypass Sx 2009 (R great Saphenous)
- Angina with exercise exertion, e.g. travel to shops or appointment away from facility.
- Melanoma left medial/posterior thigh removed Sx 2008
- R knee replacement 2009 due to osteosarcoma R distal femur

Medications: (list, dosage)

See medications list (patient update regularly) attached to file.

Family History:

Mother + father -CVA+MI, no siblings, no children

Footwear: (types)

Slip on canvas shoes, prefers thin soled for balance

| | |
|-----------------|-----------|
| Weight: | 47 kgs |
| Height: | 158 cms |
| Blood pressure: |mmHg |
| Pulse: | BPM |

2. Podiatric examination

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

1. Tenderness on palpation of nail sulci toes 1-5 B feet
2. B PMA1 & 5 tender callouses, R PCA central HMille tender to palpate
3. B HD PIPJ D5 lat pain on palpation
4. B feet mark across dorsum Lisfrancs joint due to FW + swelling

Dermo

5. R lateral ankle/dorsal calcaneus 1cm diameter elevated plaque with hyperkeratosis & underlying erythema. R dorsum foot base of 4th met 6mm diameter abrasion under shoe elastic

Footwear: (FW)

Minimal support & cushioning, toes touch end of shoes.

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

- LD5 NWB, R D5 adductovarus, BD2 hammertoe, B D3 +4 clawing with adductovarus DIPJ.
- B ID 1+2 ▲ (increased) space R>L, B HAV (stage 2) L EHL tight
- L plantar fascia tight, R plantar styloid 5th met prominent
- B ▼ (reduced) PMA fat pad

ROM

- B STJ, MTJ + Lisfrancs ROM limited, B ankles DF 0⁰
- B 1st MPJ DF 45⁰

Dermatology: (lesions, site, type, texture)

1. B D1-4 B sulci involuted, OP lateral sulci, BD OP medial sulci, LD2 OX + beaus lines with brown discolouration.
2. LD1 black/brown longitudinal streak under nail.
3. R leg scar ankle to mid medial calf (saphenous) R leg –
 - a. central medial lesion 4 X 3 cm, irregular margins, rough surface, pink + brown with scaling.
 - b. Central anterior lesion 2 X 1 cm, irregular margins, rough surface, pink and scaling.
 - c. Central lateral lesion 1cm diameter circular pink + scaling
4. L leg lateral central lesion circular with irregular border 3cm diameter, brown, black, pink segmentation, rough surface + scaling.

Peripheral vascular assessment

| Reference range | Anatomy | Left | Right | Comments |
|---|--|-------|-------|--|
| Macrovascular ++++ bounding +++ normal + diminished 0 absent | <i>Posterior Tibial</i> <i>Dorsalis Pedis</i> | + | + | B ankle oedema B dorsal foot oedema R superficial varicosities – navicular dorsum |
| Microvascular (SCPFT) <5 sec- WNL >5 sec -delayed | <i>Forefoot</i> | 5 sec | 5 sec | |

| | | | | |
|--|----------|---------------------|---------------------|--|
| Perfusion (temp) Warm- WNL Cool- reduced | Foot | Cool toes + midfoot | Cool toes + midfoot | |
| Varicosities Absent- WNL Present- abnormal | Leg/foot | Y, B telangectasia | Y, B telangectasia | |
| 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 | See comments | See comments | B cotton wool sensation absent about PMA2-3, & all other sites normal. 10g monofilament absent PMA 2-3, all other sites normal. |
| Motor(efferent) Present-WNL Absent-abnormal | Dorsi/plantarflexion | Grade 3-4/5 DF and PF Inversion + eversion strength 4 | Grade 3-4/5 DF and PF Inversion + 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

Patient complaint

- Toe pain due to involuted nails + op exacerbated by tight FW
- PMA pain from callouses due to clawing of toes (tight extensors + ankle equinus)+ decreased fat pad
- R heel pain due to H mille related to anhydrosis
- Knee discomfort possibly due to OA (L) and post Sx (R)
- B D5 pain from HD due to tight shoes+ retracted toe (L)
- HAV makes shoe tighter
- Shoe fit problems due to narrow heel + wide forefoot
- Moderate arterial + venous insufficiency
- Mild neuropathy localised PMA 2-3 B feet
- Swelling due to ↓ venous drainage

Etiology: (list)

see above

D. Treatment

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|--|--|
| <p>Short term:</p> <ul style="list-style-type: none">• B/N trimmed + filed• B D1 sulci, LD2 sulci, LD3-5, +R D2-5 OP debrided• B CPMA 1+5 debrided• L D5 CPIPJ debrided• RD5 HD PIPJ debrided• R H mille enucleated anterior-central PCA• B CPCA filed/sanded• Sorbolene applied B feet• Advice (A) longer/deeper Dr.Comfort shoes or similar | <p>Long term:</p> <ul style="list-style-type: none">• Review for regular podiatry care (monthly (4/52) or (1/12)• ABI + TPI next visit (vascular)• Neurothesiometer next visit(Neuro)• Assess for depth FW, possibly cushioned insoles• Check lesion changes on B legs• Report to GP+ nursing home re: ongoing podiatry care + test results |
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Autoclave batch: 0001560 date 14.3.13

Steriliser 2.

Student signature: _____ Staff signature: _____