

Progress Notes

Progress Note, Podiatry
* Final Report *



Example of Post-op Documentation: Your Institution's Report May Look Different

Result type: Progress Note, Podiatry
Result date: [Redacted]
Result status: Auth (Verified)
Result title: S0377-LE
Performed by: [Redacted]
Verified by: [Redacted]
Encounter info: [Redacted]
Contributor system: [Redacted]

*** Final Report ***

DOC01455 (Verified)

[Redacted] is here today for followup of open reduction internal fixation of left 3rd and 4th metatarsal fractures. Second metatarsal fracture was treated nonoperatively. He notes that his pain is well controlled at this point. He denies any falls or other issues. I had recommended a Roll-A-Bout, but he has refused this and is using crutches. He denies any other issues.

SYSTEMS REVIEW

Denies nausea, vomiting, fever, chills, calf pain, shortness of breath, or chest pain.

PHYSICAL EXAMINATION

The incision site to the left forefoot is well coated and nearly healed at this point. Sutures are intact. There is no sign of peri-incisional erythema, fluctuance, crepitus, hematoma or dehiscence. There is no peri-incisional paresthesias nor dysesthesias. Calf is soft and nontender. The 2nd, 3rd and 4th metatarsal fractures are clinically stable.

DIAGNOSTICS

Three views of the left foot exhibit no change in position as compared to previously. There is a reasonable reduction of the 3rd metatarsal fracture and anatomical alignment of the 4th metatarsal fracture. The 2nd remains nondisplaced. No hardware complications.

IMPRESSION/REPORT/PLAN

One week status post left 3rd and 4th metatarsal fracture open reduction internal fixation, 2nd metatarsal fracture treated conservatively.

PLAN: Derreck is progressing as anticipated at this point. I discussed with him the importance of staying strictly nonweightbearing on this extremity due to the comminuted nature of these fractures. If weightbearing earlier than instructed, this places him at much higher risk for complications, including nonunion hardware issues and need for repeat surgery. I do have some concerns that he will ambulate sooner than he is supposed to. He is to complete 6 weeks of nonweightbearing. I also strongly encouraged that he obtain a Roll-A-Bout scooter, but he is not interested in that at this time. He will continue to use the crutches. I will plan to see him back in 1 week for anticipated suture removal. He will contact me sooner with any acute issues. All questions answered.

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Signature Line

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*** Final Report ***

DOC01455 (Verified)

[Redacted] is here today for followup of left 3rd and 4th metatarsal fracture open reduction internal fixation. He is currently 2 weeks out from surgery and is doing well. He denies putting weight on the foot for the most part. He has not had any falls or other issues. He never did pick up the Roll-A-Bout and has just been using crutches. He denies any constitutional symptoms.

SYSTEMS REVIEW

Denies nausea, vomiting, fever, chills, calf pain, shortness of breath, or chest pain.

PHYSICAL EXAMINATION

The incision site to the left dorsal forefoot is well coated and healed today. Sutures were removed uneventfully. There is no peri-incisional erythema, fluctuance, crepitus, or signs of dehiscence. The 3rd and 4th metatarsal fractures are noted to be clinically stable as is the 2nd metatarsal fracture. The metatarsal parabola appears well aligned. Mild edema consistent with typical postoperative course.

IMPRESSION/REPORT/PLAN

Two-and-half weeks' status post left 3rd and 4th metatarsal fracture open reduction internal fixation, 2nd metatarsal fracture treated conservatively.

PLAN: I discussed findings with [Redacted]. He is progressing as anticipated at this point. Sutures were removed uneventfully. He is to remain nonweightbearing. We discussed deep vein thrombosis prophylaxis measures and what to do if he experiences these symptoms. I also did encourage him to obtain a Roll-A-Bout to make nonweightbearing more feasible longer-term for him. He is hesitant about this, but I did once again put an order in case he would like to pick this up. He does feel as though he is ready to return back to work in a nonweightbearing fashion as he does note that they have seated nonweightbearing work for him to do. Thus, I did write a note indicating that he could return to work on 09/26/2016 in a strictly nonweightbearing fashion with seated-work only.

I will plan to see patient back in 1 month with repeat radiographs or they will contact me sooner with any acute issues. All questions are answered. Radiographs can be weightbearing at the next appointment.

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DOC01455 (Verified)

HISTORY OF PRESENT ILLNESS

[Redacted] is here today for followup of his left thumb 3rd and 4th metatarsal fracture open reduction internal fixation as well as a 2nd metatarsal fracture treated conservatively. He does note that he has been doing well. While he can have some sensations of tightness in his foot, he denies any pain at this time. He did inadvertently stepped down hard on the foot one time, otherwise denies any falls and notes that he has been compliant with nonweightbearing with a Roll-A-Bout. Denies any new issues.

SYSTEMS REVIEW

Complete 10-point review of systems was reviewed and is negative other than that discussed in HPI. Denies calf pain, shortness of breath, or chest pain.

PHYSICAL EXAMINATION

The incision site to the left foot is well coapted and healed today. There is a small superficial eschar that was left intact with no signs of underlying wound, drainage, fluctuance, crepitus or erythema. There is appreciable palpatory tenderness over the 3rd or 4th metatarsal fracture sites, which are noted to be clinically stable. The 2nd metatarsal fracture does exhibit some mild palpatory tenderness, but was also noted to be clinically stable. The metatarsal parabola distally appears to be in satisfactory alignment. No digital deformity. Mild edema is consistent with typical postoperative course. Calf is soft and nontender.

DIAGNOSTICS

Radiographs three views of the left foot exhibit progressive interval healing at the 2nd through 4th metatarsal fracture sites. On the oblique view there is clear callus formation occurring at the 3rd metatarsal fracture site. No hardware complications or change in position as compared to previously.

IMPRESSION/REPORT/PLAN

Six weeks status post left 3rd and 4th metatarsal fracture open reduction internal fixation, 2nd metatarsal fracture treated conservatively.

PLAN: I discussed findings with [Redacted] and we did review his imaging. At this time, I would like to have him minimally touchdown weightbearing with crutches only for short distances. Otherwise, he will continue to stay off of the foot. In a few weeks he can begin to do some light protected weightbearing for short distances in the boot if it is pain-free for him to do so. Reinforced icing and elevation. He should certainly not be doing any ambulation out of the boot or he has been

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aggressive or longer distance activity in the boot. I did provide him with a note today indicating that he can continue with seated work for the next month where he is unable to accommodate, so he has been off work. All questions are answered per his satisfaction. I will plan to see him back in 1 month with repeat radiographs or he will contact me sooner with any acute issues.

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* Final Report *

DOC01455 (Verified)

is here today for followup of left 3rd and 4th metatarsal fracture open reduction and internal fixation. He is currently about 10 weeks out from surgery. He has been back to work for a few weeks essentially doing largely seated work with some ambulation for very short distances in the boot. This has been going well for him. He denies tobacco use but does relate daily cannabis use. He does have some tenderness over the area that he points to as the 2nd metatarsal but no tenderness over the surgical site.

SYSTEMS REVIEW

Denies calf pain, shortness of breath or chest pain.

PHYSICAL EXAMINATION

The incision site to the left foot is well coated and healed today with appropriate postsurgical scarring. There are no signs of dehiscence or drainage. I am unable to elicit any palpatory tenderness over the 3rd or 4th metatarsal fractures nor other corresponding metatarsal heads, and these areas are noted to be clinically stable. There is some degree of low-grade tenderness over the midshaft of the 2nd metatarsal corresponding with the fracture site. This is also noted to be clinically stable. There is some mild tenderness sub 2nd metatarsophalangeal joint, low-grade edema consistent with typical postoperative course at this stage and continues to improve. No erythema. No peri-incisional paresthesias nor dysesthesias. Calf is soft and nontender.

DIAGNOSTICS

Three views the left foot exhibit further interval healing to the left 2nd, 3rd and 4th metatarsal fractures with interval callus formation and further obscuration to the fracture lines. There has been no interval hardware loosening or complication. There remains some mild angular deformity to the distal fragment of the 3rd metatarsal that is unchanged in alignment as compared to previously.

IMPRESSION/REPORT/PLAN

Ten weeks status post left 3rd and 4th metatarsal fracture open reduction and internal fixation, 2nd metatarsal fracture treated conservatively.

PLAN: I discussed imaging and findings with today. He does continue to progress forward. We discussed cannabis smoking cessation. For the time being, patient is to remain in boot. He is weightbearing in the boot. We will continue with current restrictions at work consisting of mainly seated work with ambulation for short distances, no heavy lifting above 15 pounds. These restrictions have been going well for him. He is to continue to avoid any excessive or

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exacerbating activities with this extremity. I will plan to see him back in 1 month with repeat radiographs or he will contact me sooner with any acute issues. All questions are answered.



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DOC01455 (Verified)

CHIEF COMPLAINT/REASON FOR VISIT

is here today for followup of left 3rd and 4th metatarsal fracture open reduction internal fixation. He is currently nearly 4 months out from surgery. He does continue to ambulate in the boot and has been doing largely seated work. This has been going well for him. He has tried to get out of the boot and walk barefoot a little bit to "test the foot" as he describes it. He denies any pain in the foot at this time when ambulatory in the boot.

SYSTEMS REVIEW

Denies calf pain, shortness of breath, or chest pain.

PHYSICAL EXAMINATION

The incision site to the left foot is well coated and healed today with appropriate postsurgical scarring and no peri-incisional paresthesias nor dysesthesias. There is some mild persistent palpatory tenderness over the 2nd metatarsal fracture site as well as the right 3rd and 4th metatarsal heads and to a lesser extent over the 3rd and 4th metatarsal fracture sites. Overall this is improved as compared to previously. Very mild edema consistent with typical postoperative course at this stage. No palpably prominent hardware. Calf is soft and nontender.

DIAGNOSTICS

Three views of left foot exhibit interval healing to the 2nd and 4th metatarsal fracture sites. There also does appear to be some degree of increased callus formation to the 3rd metatarsal fracture site more medially, although there is persistent fracture line appreciated. No acute loosening of hardware or interval hardware complications.

IMPRESSION/REPORT/PLAN

Four months status post left 3rd and 4th metatarsal fracture open reduction internal fixation, 2nd metatarsal fracture treated conservatively.

PLAN: I discussed findings with today. We did review his imaging. He does continue to show signs of healing. The 3rd metatarsal fracture site is relatively slow to heal but does continue to progress forward. We will plan to keep him in the boot at this time and not change his work restrictions. I will plan to see him back in 1 month with repeat radiographs weightbearing of the foot. He is to abstain from any weightbearing out of the boot at this point.

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DOC01455 (Verified)

is here today for followup of left 3rd and 4th metatarsal fracture open reduction internal fixation and 2nd metatarsal fracture treated conservatively. He is nearly 5 months out from surgery. He does continue to wear the boot and is doing mainly seated sedentary work at his job. He does relate "pushing the envelop" and doing more activity up on the foot than has been instructed. He denies any tobacco use or new issues. He experiences no pain in the boot whatsoever.

SYSTEMS REVIEW

Denies calf pain, shortness of breath or chest pain.

PHYSICAL EXAMINATION

The incision site to the dorsal left forefoot is well healed today with appropriate postsurgical scaring and no peri-incisional paresthesias nor dysesthesias. There is no palpably prominent hardware. There is some mild palpatory tenderness over the midshaft of the 2nd metatarsal extending into the second metatarsal, neck region. Otherwise, I am unable to elicit any palpatory tenderness whatsoever to the forefoot or midfoot today. In particular, there is absolutely no palpatory tenderness over the 3rd or 4th metatarsal fracture sites, which are both noted to be clinically stable. The metatarsal distally appears to be clinically well aligned. There is no metatarsal head or interspace pain. Digits are noted to be in satisfactory rectus alignment. Continue to decrease edema as compared to previously. Calf is soft and nontender.

DIAGNOSTICS

Radiographs: Three views of the left foot exhibit near complete healing to the 2nd metatarsal and 4th metatarsal midshaft fractures as any discrete obvious linear lucency is not well visualized at this point. This is consistent with near complete fracture healing. The 3rd metatarsal comminuted midshaft fracture remains readily visualized today with no overt interval callus formation as compared to previous radiographs on . There is no sign of hardware failure or obvious loosening of hardware as compared to previous radiographs.

IMPRESSION/REPORT/PLAN

1. Five months status post left 3rd and 4th metatarsal fracture open reduction and internal fixation, 2nd metatarsal fracture treated conservatively.
2. Delayed healing, left 3rd metatarsal midshaft fracture.

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PLAN: I discussed findings with [REDACTED] today. It is important he not push his activity level as he describes he has done, as this can place him at higher risk of hardware failure and need for revisional surgery. While the 2nd and 4th metatarsal fractures continue to consolidate in and appear to be essentially nearly healed at this point, there have not been obvious signs of callus formation or further healing to the 3rd metatarsal fracture site over the last month. We discussed treatment options. I would recommend that he remain in the short boot or postop shoe at this point. I did not want him ambulating out of it at this point. He would actually prefer the boot as opposed to the postop shoe at this point and will continue with boot. We also discussed that in the setting of delayed healing, we can consider an external bone stimulator to help facilitate the bone healing process. I would not anticipate a bone stimulator to be covered by insurance at this point, which would require an out-of-pocket cost for the patient if we were to pursue that at this time. Patient is not interested in that at this time. We will continue with work restrictions to consist of protected weightbearing in the open-toed boot with no lifting greater than 20 pounds. No pushing or pulling maneuvers. Patient is instructed to inform my clinic if he is struggling with work duties or having any issues with these restrictions. Once again, he is to abstain from any weightbearing out of boot at this point or any aggressive or exacerbating activities even in the boot, both of which could place him at higher risk of hardware failure, ongoing delayed union or nonunion which could require revisional surgery. If we fail to continue to see progression of healing at the 3rd metatarsal fracture site, we will consider external bone stimulator options once this has the potential to be covered from an insurance standpoint. We discussed other potential barriers to bone healing. I discussed taking a vitamin D3 supplement on a daily basis. We could also further evaluate with vitamin D lab work today but patient would like to wait on that. Patient will contact me with any issues prior to being seen back in 1 month with repeat weightbearing radiographs of the left foot at that time.

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*** Final Report ***

DOC01455 (Verified)

[Redacted] is here today for followup of a left 3rd and 4th metatarsal fracture open reduction, internal fixation and 2nd metatarsal fracture treated conservatively. He is currently 6 months out from surgery. He does continue with postop shoe immobilization and has been tolerating this well. He denies any overt pain to the foot at this point. He continues to wear the boot while at work and has been tolerating this well. He denies tobacco use. No new concerns or issues from the patient's standpoint at this point.

SYSTEMS REVIEW

Denies calf pain, shortness of breath, or chest pain.

PHYSICAL EXAMINATION

The incision site to the dorsal left foot is well coated and healed today with appropriate postsurgical scarring. There are no appreciable peri-incisional paresthesias nor dysesthesias. There is no appreciable palpatory tenderness over the 3rd and 4th metatarsal fracture sites which are noted to be clinically stable. There is no palpably prominent hardware appreciated. There is some mild palpatory tenderness over the midshaft of the 2nd metatarsal. There is also some mild tenderness sub 2nd and 3rd metatarsophalangeal joints although, I do not appreciate palpable deformity at the level of the metatarsophalangeal joints. No intermetatarsal space tenderness appreciated. Very low-grade edema that is near to baseline at this point. The digits are in satisfactory alignment. The calf is soft and nontender.

DIAGNOSTICS

RADIOGRAPHS: Three views of the left foot exhibit no overt sign of obvious linear lucency to the 2nd or 4th metatarsal fracture sites, consistent with healed fractures at this point. There is some callus formation at the 3rd metatarsal midshaft fracture site with no signs of interval hardware loosening or failure as compared to previous radiographs. There may be some increased callous formation as compared to previous radiographs on the oblique view although variation in angulation of radiograph as compared to previous oblique view could account for this difference. Complete osseous union across the third metatarsal fracture site has not yet been achieved, consistent with delayed healing.

IMPRESSION/REPORT/PLAN

1. Six months, status post left 3rd and 4th metatarsal fracture open reduction and internal fixation, 2nd metatarsal fracture treated conservatively.
2. Delayed healing, left 3rd metatarsal midshaft fracture.

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PLAN: I discussed findings with [REDACTED] today. There is delayed healing of the 3rd metatarsal fracture although, this area is not really clinically tender for the patient. The hardware is noted to be clinically intact, and the fracture site is noted to be clinically stable. I discussed with [REDACTED] that at times we can consider further imaging such as a CT to evaluate extent of healing, but he would like to wait on that at this time. At this point, as there has been some progression of third metatarsal fracture healing over the last three months, I would not anticipate an external bone stimulator to be covered by insurance. We discussed out-of-pocket costs that can be associated with an external bone stimulator if not covered by insurance, and the patient does not wish to pursue that at this time, although there is potential this could be necessary at some point in the future. We did discuss working restrictions which have been going well for the patient. We will plan for work restrictions to consist of lifting no more than 25 pounds at work with no heavy pushing or pulling maneuvers. Work note was provided indicating these restrictions. He will continue with the postoperative shoe. He will continue to monitor his progress and contact us if he is struggling with his work restrictions. We also discussed continuing to take a vitamin D3 supplement on a daily basis. We will continue to closely follow this. I would like to see the patient back in 1 month with repeat weightbearing radiographs prior, or he will contact us sooner with any acute issues. All questions were answered per his satisfaction.



Signature Line



Completed Action List:



Appointment History - Select Patient:

Visit	Appt Date	Appt Time	Column	Status/ Action	User	Reason/ Appt Type	Change Date	Change Time
+	09/18/2018	11:00 AM		MOVED		SX/PO	09/11/2018	11:46 AM
+	09/11/2018	11:15 AM		COMPLETE		SX/PO	09/11/2018	11:45 AM
+	09/06/2018	09:30 AM		CANCELLED		PT IN HOSPITAL	09/06/2018	08:19 AM
	09/03/2018	09:00 AM		MADE		SURGERY	09/03/2018	04:24 PM
	09/02/2018	08:00 AM		MADE		HOSPITAL CONSULT	09/03/2018	04:22 PM
	09/01/2018	08:00 AM		MADE		HOSPITAL CONSULT	09/03/2018	04:21 PM
+	08/08/2018	04:30 PM		NOSHOW		NO SHOW	08/08/2018	05:29 PM
+	08/01/2018	01:45 PM		COMPLETE		FU	08/01/2018	03:10 PM
+	07/27/2018	04:30 PM		COMPLETE		FU	07/27/2018	05:18 PM
	06/29/2018	11:45 AM		MADE		FU	06/22/2018	11:09 AM
	06/25/2018	12:00 PM		MADE		HOSPITAL CONSULT	06/25/2018	08:19 AM
+	06/22/2018	10:15 AM		COMPLETE		FU	06/22/2018	11:09 AM
	06/18/2018	08:30 AM		MADE		HOSPITAL CONSULT	06/19/2018	08:16 AM
	06/17/2018	08:00 AM		MADE		HOSPITAL CONSULT	06/17/2018	07:49 PM
	06/16/2018	08:00 AM		MADE		HOSPITAL CONSULT	06/17/2018	07:48 PM
	06/15/2018	04:15 PM		MADE		HOSPITAL CONSULT	06/17/2018	07:46 PM
+	06/15/2018	10:45 AM		CANCELLED		GOING INTO HOSPITAL	06/15/2018	08:17 AM
+	06/08/2018	11:00 AM		COMPLETE		FU	06/08/2018	12:21 PM
	05/30/2018	07:45 AM		MADE		HOSPITAL CONSULT	05/29/2018	02:02 PM
	05/29/2018	07:15 AM		MADE		HOSPITAL CONSULT	05/29/2018	01:57 PM
	05/28/2018	07:00 AM		MADE		HOSPITAL CONSULT	05/29/2018	01:55 PM
	05/27/2018	08:00 AM		MADE		HOSPITAL CONSULT	05/29/2018	01:54 PM
	05/26/2018	08:00 AM		MADE		HOSPITAL CONSULT	05/29/2018	10:04 AM
+	05/10/2018	10:15 AM		NOSHOW		DR RESCHEDULE	05/10/2018	05:17 PM
	04/26/2018	10:30 AM		MADE		FU	05/21/2018	02:29 PM

Audit Log Appt Scheduler Moves: 3 Cancels: 2 No Shows: 2