BK PODIATRY

Visit Note - June 22, 2026

SCANLON, GRAHAM

PMS ID:	Sex:	DOB:	Phone:	MRN:
116666PAT000065079	Male	05/22/1999	(314) 783-7513	36249963

Allergies
No known drug allergies

Medications
neomycin-polymyxin B-dexameth 3.5 mg/g-10,000unit/g-0.1 % unit/g-0.1 % clindamycin HCl 300 mg Oral - Dose: 1 Tablet capsule Frequency: Three times daily
isotretinoin 30 mg oral Dose: mg
neomycin-polymyxin-HC 3.5-10,000-1 mg/mL-unit/mL-% Otic (ear) - solution Frequency: Twice daily

Medical History
None
Other: Anxiety

Podiatric Foot/Ankle Disease History
Fracture of bone

Podiatric Foot/Ankle Surgical History
None

Podiatric Foot/Ankle Family History
None

Surgical History
None
Other: Past Surgical History: PAST SURGICAL HISTORY UNREMARKABLE

Social History
Single Question Alcohol Screening: 0 days
Caffeine Use: A few times a month
Exercise: A few times a week
EtOH none
Smoking status - Never smoker

Chief Complaints:
1. Left Foot Toe Pain

HPI: This is a 27 year old male who:
1. is being seen for a chief complaint of foot toe pain, involving the feet. This occurred in the context of a gradual and insidious onset, a trauma (Took a bad step or something while walking and toe flexed up and couldn't walk on it at all right after the injury), and got better but injured it again a couple weeks ago and has been treated with hard soled shoe, which does not worsen or relieve symptoms and asks about getting a Medrol Dose Pack. He has had no imaging studies. The pain has been present for 2 months. The feet pain constantly occurs and initially now occurs mostly with walking or when trying to flex,extend the toe and associated with limping. The feet pain 8 out of 10 initially and 4 out of 10 currently. The pain worsens with walking and toe extension during walking can't extend it fully, stretching calf muscle and OC shoes . He reports difficulty with ADL's and but getting better.

Exam:

Foot

Peripheral Pulses:

Left Dorsalis Pedis: Normal +3 dorsalis pedis pulse

Left Posterior Tibial: Normal +3 posterior tibial pulse

Left Capillary Refill: **3 seconds**

Left Vascular Skin Trophic Changes: No Skin trophic changes of vascular nature

Left Edema: No Edema

Left Venous Exam: No Venous Insufficiency

Sensation:

Left LE: Normal peripheral nerve sensation

Skin:

Left Foot: **Mild erythema noted 2nd MPJ**

Toenails:

Left: Normal

Foot ROM:

ROM: Normal

Left 2nd Toe MTP ROM:

2nd Toe MTP Extension: limited and with pain

Left 2nd Toe PIP ROM: Normal

Left 2nd Toe DIP ROM: Normal

Inspection:

Left Leg: Normal alignment, no deformity, no tenderness, no warmth, no masses

Inspection:

Left Hindfoot: Normal alignment, no deformity, no tenderness, no warmth, no masses

Left Midfoot: **Minimal tenderness to palpation and no**

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erythema at dorsal 1st MC joint

Left Forefoot: **TTP plantar MTP, second toe**

Special:

Left Foot: **MPJ Drawer Test: negative but difficulty assessing due to pain**

Ankle ROM

Ankle ROM:

Dorsiflexion with Knee Extended: limited

Dorsiflexion with Knee Bent: limited

Plantar Flexion: 40 degrees.

Impression/Plan:

1. **Metatarsophalangeal Joint Sprain, Left**
   Sprain of metatarsophalangeal joint of left lesser toe(s), initial encounter (S93.525A)
   Pain Intensity: 5.0 - 5/10 Pain

Plan: Counseling - Toe Sprain.
I explained to the patient that this is an injury involving a stretch or tear of a ligament(s) of the toe. The ligaments are soft tissue structures that connect bones. Sports-related activities are by far the most common cause of this injury. Hyperextension of the great toe has specifically been called turf toe. Most patients present with a history of pain, swelling, and occasional bruising on the top or bottom of the toe. Physical examination and x-rays are part of the initial work-up. MRI may be used to further assess the soft tissues and cartilage. Care of a toe sprain is usually conservative involving interventions like icing, NSAIDs, protected weightbearing, and taping. A walking boot or hard-soled shoe may be useful as well. Surgical intervention is reserved for severe cases in which the sprain results in gross instability, a bone fragment in the joint, or associated frcture.
The natural history and treatment of a toe sprain depends on the cause. Weight bearing is limited initially in most cases and may be prohibited for a month or longer. The time for full return to sporting activities is variable. For minor sprains return to sports may be within a week. For more severe sprains return to sports may be delayed for several months. Recurrent sprain is not uncommon if return to activities occurs before complete healing. Chronic pain, toe stiffness, and development of a bunion or toe deformity are all possible complication of this injury.
Contact office if your pain is not responsive to medicines, you develop fever, chills or night sweats, or if there is numbness or loss of sensation in the affected foot.
Advised patient possibility of damage to the plantar plate which would require further imaging (diagnostic ultrasound or MRI) to assess.

Medication Counseling
Medrol Dose Pack : I discussed with the patient that this medication is a steroid medication used to treat inflammation. The medication is taken over a defined period of days in decreasing doses. There are few mild side effects. Nausea, heartburn, and headache are among the more commonly reported side effects. Steroid medication can weaken your immune system and therefore it is important to avoid being in contact with people who are ill. Blood sugar levels can be increased by this medicine; if you are diabetic, it is important to monitor your glucose closely on this medicine.
NSAIDS : I discussed with the patient that NSAIDs should be taken with food. Prolonged use of NSAIDs can result in the development of stomach ulcers or bleeding. Patient advised to stop taking NSAIDs if abdominal pain occurs. The patient verbalized understanding of the proper use and possible adverse effects of NSAIDs. All of the patient's questions and concerns were addressed.
Medication Counseling Specific : Discussed concerns of issuing Medrol Dose Pack as it can impede soft tissue injury repair

OTC Recommendations:
Turmeric:
OTC Medication: Omega 3 supplement or foods rich in Omega 3s for natural antiinflammatory healing.

Physical Therapy : This intervention will usually focus on stretching and strengthening of the toe and surrounding soft tissue. An underlying goal is to restore range of motion and to prevent stiffness.

Surgical Options and Alternatives
Potential for Future Surgery : I explained that though I am not recommending a surgical intervention at this time, this may be recommended or necessary in the future to alleviate or treat this condition, especially if conservative measures fail or the condition continues to progress or worsen.
Observation : I discussed observing the patient's toe sprain for now and reevaluating in the future.

Conservative Options and Alternatives

Cast Treatment : Cast treatment of the sprain consists of placing a cast or splint to stabilize the sprain, allowing the soft tissue to heal while minimizing pain. Depending on the healing stage, the cast may be modified and the weight bearing changed during the course of treatment. The cast may be replaced during the course of treatment or an alternative treatment recommended if cast treatment has failed. Risks include joint stiffness, skin ulceration and breakdown, itching, swelling, nerve or blood vessel injury, nonunion, and malunion.
NSAIDS : I discussed with the patient that NSAIDs should be taken with food. Prolonged use of NSAIDs can result in the development of stomach ulcers or bleeding. Patient advised to stop taking NSAIDs if abdominal pain occurs. The patient verbalized understanding of the proper use and possible adverse effects of NSAIDs. All of the patient's questions and concerns were addressed.
Steroid injection : I discussed with the patient that this involves the injection of a potent antiinflammatory substance (cortisone) into the area. Risks include whitening of the skin at the injection site and a transient rise in blood glucose. Complications are extremely rare; infection is the most common.
Observation : I discussed observing the toe sprain for now and reevaluating the patient in the future.

Diagnostic Imaging Results
X-rays deferred as patient is uninsured
After counseling the patient, we decided on the following plan RIGHT:
After counseling the patient, we decided on the following plan LEFT:
- Conservative Management
- Continue OC shoes
- Consider diagnostic ultrasound or MRI if area is not improving with current treatment

2. Equinus, Acquired, Left
Other acquired deformities of left foot (M21.6X2)

Plan: Counseling - Equinus Contracture.
Musculoskeletal Care: Treatment depends on the cause of the tendon contracture. Conservative management includes orthotic use, serial casting, and physical therapy aimed at stretching and strengthening. Shoewear modification may also be advised. Surgery may be indicated if there has been failure of conservative therapy or a fixed contracture.
Expectations: Contracture of the Achilles tendon can occur for a variety of reasons. Some people are born with a tight achilles tendon while others may develop the contracture as a result of prior fracture surgery, a neurologic condition, or compartment syndrome. Chronic wear of high heeled shoes may put an individual at risk of developing this condition. Patients typically have limited range of motion of the foot and may have difficulty putting the heel down on the ground fully. An aching sensation on the back of the ankle may be present. The diagnosis is made by clinical examination of the affected foot.
Contact Office if the pain worsens or you experience increasing ankle weakness.

Active Therapy : Active therapies include stretching and strengthening exercises for the ankle and adjacent joints.
Home Exercise Program Counseling : Reviewed and advised to increased stretching exercises to 3-4 times a day

Surgical Options and Alternatives
Achilles Tendon Lengthening: I explained to the patient that this is a procedure that is meant to stretch a tight Achilles tendon. It can be done either open or through a minimally invasive percutaneous approach. Healing takes from six to eight weeks. A cast or splint is usually worn during the recovery period. Risks include but are not limited to infection, wound healing problems, injury to blood vessels or nerves, tendon rupture, or recurrence of the Achilles tendon contracture.
Potential for Future Surgery: I explained that though I am not recommending a surgical intervention at this time, this may be recommended or necessary in the future to alleviate or treat this condition, especially if conservative measures fail or the condition continues to progress or worsen.
Observation: I discussed observing the Achilles tendon contracture for now and reevaluating the patient in the future.
After counseling the patient, we decided on the following plan RIGHT:
After counseling the patient, we decided on the following plan LEFT:
- Conservative Management
- Recommend night splint patient to obtain one from Amazon as he cannot afford out of pocket for one of our devices

Follow up in 2 weeks for: Follow Up Evaluation. Other Instructions: Capsulitis 2nd MPJ. Sprain 2nd MPJ. Possible plantar plate tear

Staff:

Dr Dr Erica Torgrude (Primary Provider) (Bill Under)

Electronically Signed By: Dr Dr Erica Torgrude, 06/27/2026 11:24 AM CDT