BK PODIATRY

Visit Note - August 4, 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
Medrol (Pak) 4 mg Oral - tablet, dose pack
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. Follow Up Toe Pain, Left

HPI: This is a 27 year old male who:
1. is being seen for a chief complaint of follow up toe pain, involving the left 2nd toe. Patient states symptoms have been present since March. He had some improvement with a Medrol dose pack, but no improvement with a Cam walker, boot or decreased activity. Patient typically likes to walk but has been unable to secondary to pain. He does not recall any recent injury, but states he has a history of a prior fracture involving the second metatarsal. Patient states he would like to discuss surgery . The left toe pain constantly occurs. The left toe pain is described as throbbing and sharp and associated with painful . The left toe pain 7 out of 10 currently and 8 out of 10 on a bad day. The pain patient has been wearing a boot for approximately three weeks . Since the last visit, his condition is worse.

Exam:

Foot

Peripheral Pulses:

Left Dorsalis Pedis: Normal +3 dorsalis pedis pulse

Left Posterior Tibial: Normal +3 posterior tibial pulse

Left Capillary Refill: Normal CFT

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: skin intact, no rashes or lesions.

Toenails:

Left: Normal

Foot ROM:

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

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

Left Foot Eversion: Strength: 5/5, normal muscle tone.

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Additional Exam Findings: **Left second metatarsophalangeal joint: foot tenderness..**

Impression/Plan:

1. **Foot Injury, Left**
   Unspecified injury of left foot, subsequent encounter (S99.922D)
   Pain Intensity: 7.0 - 7/10 Pain

Plan: Counseling - Predislocation Syndrome.
I explained to the patient that this is an acute, subacute or chronic injury involving an inflammatory condition of the plantar plate of the metatarsal phalangeal joint. When stress is applied to this structure it can lead to attenuation and/or rupture of the plantar plate. Most patients present with a history of pain, fullness feeling of toe, 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 may include conservative measures involving interventions like icing, NSAIDs, oral steroids, physical therapy, splinting, orthotics, protected weightbearing, and taping. A walking boot or hard-soled shoe may be useful as well. After failed conservative measures, surgical intervention may be warranted.
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 injuries return to sports may be within a week. For more severe injuries return to sports may be delayed for several months. Recurrent injury 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.

Medication Counseling
Acetaminophen : Acetaminophen is a drug that is commonly used as a pain reliever. The maximum daily dose is 4 grams. The dosing for a child is based on the child's age and weight. Since acetaminophen is metabolized by the liver, any drug that affects the liver can change the level of acetaminophen in your body. The potential for acetaminophen to damage the liver is increased if it is used with alcohol. Acetaminophen may increase the blood thinning effect of coumadin. Long term administration of acetaminophen with coumadin should be discussed with your physician. Side effects from acetaminophen are uncommon. The most serious effect is liver damage if used in large doses. The patient verbalized understanding of the proper use and possible adverse effects of acetaminophen. All of the patient's questions and concerns were addressed.
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.
Topical NSAIDs : I discussed with the patient that topical NSAIDs are applied to the skin either as a gel (Voltaren Gel) or drops (Pennsaid). The medication is absorbed through the skin. The most common reactions are skin-related such as dry skin or rash. Stomach upset, nausea, or diarrhea may also occur. If any of these side effects occur, the medication should be discontinued immediately. Contact of the patch with your eyes, nose, or mouth is to be avoided. Serious reactions are extremely rare; however, there is increased risk of heart attack, stroke, and bleeding in the stomach or intestines. Do not use an NSAID patch if you have a history of aspirin or NSAID sensitivity. The patient verbalized understanding of the proper use and possible adverse effects of topical NSAIDS. All of the patient's questions and concerns were addressed.

OTC Recommendations:
Acetaminophen:

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
Plantar Plate repair : I explained to the patient that this procedure involves direct visualization of the damaged tissue so that they can be repaired. The adjacent joint capsule may also be repaired during surgery if it was also injured. After this surgery the foot is usually immobilized and weight bearing is limited. Risks include infection, nerve or blood vessel injury, stiffness and joint instability. The joint may be at risk for developing arthritis in the future.
Weil Osteotomy : An osteotomy into the metatarsal bone may be necessary for plantar plate repair.
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.

Conservative Options and Alternatives
Physical Therapy : Physical therapy involves restoration of strength and range of motion to the toe so that you can return to your pre-injury level of function. Your therapist may utilize ice, ultrasound, or electrical stimulation to facilitate the recovery process. The length of physical therapy depends on the extent of injury and the type of surgery performed, if any.
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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.
Bracing : I discussed bracing the toe to immobilize and support the toe.
Splinting : I discussed splinting measures to splint toe into plantarflexed position.
Orthotics : Orthotics with modification to offload affected MPJ are useful in treatment of this condition.

Diagnostic Imaging Results
I reviewed and discussed the results of the MRI with the patient. Relevant images were shown to the patient during today's visit.
MRI results are basically within the limits with no evidence to suggest underlying stress fracture, joint space narrowing, or an effusion within the second MPJ. No obvious plantar plate tear.
After counseling the patient, we decided on the following plan RIGHT:
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• Conservative Management
• We discussed continued immobilization in a cam walker boot versus the use of a carbon fiber plate and metatarsal padding in athletic shoes. As there's no obvious evidence of injury on MRI, I might recommend arthrogram to rule out a plantar plate tear given the degree of his symptoms and lack of improvement with conservative therapy. Patient is waiting on obtaining Medicaid at this point he does not have insurance.

Plan: Prescription.
Medrol (Pak) 4 mg tablets in a dose pack PO
Sig: Use per manufacturer's instructions.
Quantity: 1 Packet

Plan: RICE.
- Rest: Rest the affected area for 24-48 hours.
- Ice: Apply ice to the affected area for 20 minutes. Place a towel or cloth between the skin and ice. If continued icing is needed remove ice for 20 minutes then reapply.
- Compression: Compression wrap to right foot. If the compressive dressing feels too tight, then loosen as needed.
- Elevation: Elevate the affected extremity above your heart.

Follow up in 2 weeks

Staff:

Dr Dr Karl Collins (Primary Provider) (Bill Under)

Electronically Signed By: Dr Dr Karl Collins, 08/04/2026 10:58 PM CDT