PATIENT
Graham Scanlon
DOB 05/22/1999
AGE 27 yrs
SEX Male
PRN SG583468

FACILITY
Clayton Medical Clinic
T (314) 381-1800
F (314) 442-7749
6400 Clayton Road
Suite 412
St. Louis, MO 63117

ENCOUNTER
Office or other outpatient visit for the evaluation and management of an established patient, which...
NOTE TYPE SOAP Note
SEEN BY Jacob D Button DPM
DATE 10/19/2026
AGE AT DOS 27 yrs
Not signed

Chief complaint
Capsulitis Left 2nd mtpj

Vitals for this encounter	
	10/19/26 10:44 AM
Weight	140 lb
Temperature	97.30 °F
Pulse	64 bpm
Respiratory rate	18 bpm
Pain	8
Blood pressure	155/80 mmHg

SUBJECTIVE

Patient presents for follow up evaluation of Capsulitis Left 2nd mtpj. Problem has been the same. Problem is being treated with injection.

Ongoing medical problems: eye issue, anxiety/depression
Major events: interior turbinate reduction surgery (nose) 2017
Allergies: NKDA.
Meds: reviewed.
Family health history: None Listed.
Social history: non alcoholic
Developmental history: None Listed.
Nutrition history: no special diet
Preventive care: Non Pertinent

ROS: No nausea, vomiting, fevers, chills shortness of breath or chest pain. No tingling or numbness in feet. No itching or burning. All other 14 point ROS negative except those items in PMH and HPI.

OBJECTIVE

GENERAL: Patient is alert, aware, and oriented x 3. In No acute distress.

VASCULAR EXAM:. Dorsalis pedis pulse is 2/4 bilateral. Posterior tibial pulse is 2/4 bilateral. Color changes are noted bilateral. Digital capillary fill time is <3 secs bilateral. There is no edema bilateral. - stemmer sign noted bilateral. There are no varicosities noted bilateral feet and ankles. No acute signs of ischemia noted. Pedal hair is present bilaterally.

DERMATOLOGICAL EXAM:. Nails are all within normal limits. Nails previously trimmed and debrided. There are no hyperkeratotic lesions. No interdigital macerations noted bilateral. No open wounds are evident to either the right foot or left foot. No dryness noted bilateral.

NEUROLOGICAL EXAM: Protective sensation to 5.07 Semmes weinstein monofilament is intact to the right foot and left foot in all locations. There is no Babinski response to the right foot or left foot.. Ankle clonus is absent on the right foot and left foot.

MUSCULOSKELETAL EXAM:. Range of motion of the 1st Metatarsal Phalangeal Joint, ankle and subtalar joints appear to be appropriate for patient age, and habitus. Muscle strength appears to be 5/5 for plantarflexion, dorsiflexion, inversion and eversion of the right and left foot and ankle.

PAIN/PROBLEM AREAS:
Pain to palpation to left second MPj Planarly and dorsally with dorsiflexion contracture noted

XRAY FINDINGS:
Xrays left foot 3 views 10/19/26
Findings:
No fractures noted
No dislocations noted
Dorsal extension contracture of left 2nd MPJ

Xrays left ankle 3 views 10/19/26
Findings:
No fractures noted
No dislocations noted
Dorsal extension contracture of left 2nd MPJ

ASSESSMENT

Capsulitis/ tendonitis Left 2nd mtpj
Pain in foot/joint left

PLAN

Capsulitis/tendonitis Left 2nd mtpj with dorsiflexion deformity
Evaluation of Capsulitis Left 2nd mtpjwas performed.
Managed condition by the following:.
Patient states the previous injection only worked for a day into pain came back
Conservative treatment failed. Risks and complications explained to patient.
Reviewed surgical and non-surgical treatment alternatives. Patient understands that surgery is a last treatment option, only to be considered if the pain is severe, limiting activities, and non-responsive to local treatments..
Patient was educated on risks such as : Swelling, Suture Reaction, Rejection of surgical implant, Delayed healing, Phlebitis (blood clot), Bleeding (excessive), Medication reaction, Thick scarring, Reoccurrence of issue/deformity, Infection Numbness, Flail (loose) toe Joint stiffness, and Extended discomfort.
Patient was made aware that swelling on the lower extremity can last up to a year..
Will plan for capsulotomy left 2nd MPJ

Pain in foot/joint left
Evaluation of Pain in foot/joint left was performed, as a separate and identifiable problem from other procedure(s) performed.
Managed condition by the following:.
Xrays left foot 3 views ordered to assess for osseous abnormalities.
Performed/reviewed and discussed xray images and report with patient.
Xrays left ankle 3 views ordered to assess for osseous abnormalities
Performed/reviewed and discussed xray images and report with patient

Follow up after surgery.

Quality of care

Was diagnosis reconciliation completed?
Yes, reconciliation performed

Was medication allergy reconciliation completed?
Yes, reconciliation performed

Was medication reconciliation completed?
Yes, reconciliation performed

Documentation of current medications

Patient Decision Aids / Education Materials Given

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ENCOUNTER
Office or other outpatient visit for the evaluation and management of an established patient, which...
NOTE TYPE SOAP Note
SEEN BY Jacob Button DPM
DATE 09/28/2026
AGE AT DOS 27 yrs
Electronically signed by Jacob Button DPM at 10/14/2026 07:30 pm

Chief complaint

New Patient Foot Pain

Vitals for this encounter

	09/28/26 9:06 AM per patient
Weight	140 lb
Temperature	97.7 °F
Pulse	63 bpm
Pain	8
Blood pressure	129/73 mmHg

SUBJECTIVE

NEW. Patient presents complaining of aching pain. Problem is located on the left foot. Patient has had the pain/problem for 8 months. No history of trauma reported. . The problem has worsened. The condition is aggravated with walking or standing.. The problem has been treated with tapping of the left foot, oral steroid, walking boot, and crutches.

Ongoing medical problems: Reviewed
Major events: Reviewed
Allergies: Reviewed.
Meds: reviewed.
Family health history: Reviewed
Social history: Reviewed
Developmental history: Reviewed
Nutrition history: Reviewed
Preventive care: Reviewed

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PAIN/PROBLEM AREAS:
Pain to palpation to left second MPj Planarly and dorsally

ASSESSMENT

Pain in foot, Left
Capsulitis Left 2nd mtpj

PLAN

Pain in foot, left
Evaluation of pain in foot was performed, as a separate and identifiable problem from other procedure(s) performed..
Managed condition by the following:.
Reviewed and discussed MRI and arthrogram that patient brought in from St. Lukes hospital.

Capsulitis Left 2nd mtpj
Evaluation of Capsulitis Left 2nd mtpjwas performed, as a separate and identifiable problem from other procedure(s) performed..
Managed condition by the following:.
Following sterile skin prep injected 20 mg Kenalog and 1 cc 1% Lidocaine plain into left 2nd mtpj.

Follow up 3 weeks.

Quality of care

Was diagnosis reconciliation completed?
Yes, reconciliation performed

Was medication allergy reconciliation completed?
Yes, reconciliation performed

Was medication reconciliation completed?
Yes, reconciliation performed

Documentation of current medications

Patient Decision Aids / Education Materials Given

practicefusion