



## PODIATRY ASSOCIATES OF TEXAS, PLLC

6860 North Dallas Pkwy, Ste 200, Plano, TX 75024

Tel: 469-305-7171 Fax: 469-212-1548

Patient Name: Gloria Richards  
Patient DOB: 02-01-1975  
Patient Sex: Female  
Date of Service: 04-02-2015

### Chief Complaints/HPI

#### heel pain

Patient presents with **heel pain**. It involves the **left foot**. It is described as **moderate** in intensity. The quality is described as **aching, numbness and sharp**. It all started **2 weeks** back. It gets aggravated by **direct pressure, first steps after rest and standing**. It gets relieved by **NSAIDS, rest and heat**. Patient also complains of **swelling**. Patient informed that it was previously treated with **corticosteroid injection**. She is concerned about **increased pain**.

### History

MEDICAL HISTORY: Patient has a history of **hypertension** and **DM type 2**.

FAMILY HISTORY: Father has history of **alzheimer's disease**. Mother has history of **HTN and DM**.

SOCIAL HISTORY: Alcohol consumption is **social**. Patient is **current every day smoker**. Smoking **2 pack/day**. **No illicit IV drug abuse**.

SURGICAL HISTORY: **Patient has no significant past surgical history**.

PSYCHIATRIC HISTORY: Patient has **no psychiatric history**.

### Allergies

No Known Drug Allergies

### Current Medications

Lasix 20mg Tablet

### Problem List

Plantar Fasciitis (728.71)

**REVIEW OF SYSTEMS:** I went through the review of 12 different systems and the patient answered no for all of them.

1. Fevers, chills or recent weight loss
2. Vision changes
3. Ears, nose, mouth, or throat
4. Chest pain, fast heart rate
5. Shortness of breath, persistent coughing
6. Stomach upset, diarrhea, constipation
7. Painful urination, increased or decreased frequency
8. Skin rashes, lesions, or easy bruising
9. Pins and needles sensation in hands or feet, tremors
10. Depression, mood swings, sleep disturbances
11. Swollen hands or feet, blood in urine or stool
12. Frequent sneezing, watery eyes.

## Vital Signs

Height: 64 in.

Weight: 140 lbs.

BMI: 24.

BP Systolic: 110 mm Hg.

BP Diastolic: 80 mm Hg.

## Physical Exam

**General:** On examination patient appears as stated age. Well-developed and well-nourished. No signs of acute distress. Ambulatory. Speech is clear and appropriate. No involuntary movement.

**Gait:** Gait examination shows normal gait analysis

## Lower Extremity Exam

### Vascular:

DP pulses normal. PT pulses normal. Femoral pulses normal. Dorsal and digital hair growth is positive. Redness is negative. Skin temperature gradient from proximal to distal is WNL. Pigmentary changes absent. Skin texture is normal.

### Neuro:

DTR, vibratory sensation, two point discrimination, Semmes-weinstein 5.07 monofilament tests are all within normal limit.

### Muscle Testing:

Manual muscle test is 5/5 all groups bilateral.

### Dermatological

Bilateral toes and feet are normal with no rashes, hyperkeratotic skin, discoloration, or maceration of the web spaces. Skin is supple, normal tone, normal texture, normal turgor and normal temperature. No tumors seen. There are no nodules. No induration. There is no tightening on palpation. Normal nails. No ingrown nails

## Plan

### Lab

CBC

CMP

ANKLE X-RAY - LEFT SIDE

## Today's Medication

Demerol 50mg Tablet is Prescribed, take 1-2 tablet (50mg) by oral route every 4 hours as needed

## Procedure

Injection, joint, small 20600

Xrays: 3 views of the right ankle were taken and findings were reviewed with patient. 73610

## Recommendation

The patient is instructed explicitly both verbally and with a written brochure regarding stretching exercises, use of ice and protection, utilizing either generic or custom foot orthotics, not going barefoot and use of proper shoes.

## Follow Up

Follow Up After One Month

## Health Education

HEEL PAIN

The visit was electronically signed off by Victoria Foley, DPM on 03/08/2016 01:01:28 AM