Lisette Romo
Urgent Care - Rotation #2

Identifying Data:
Full Name:
Address:
Date of Birth:
Date & Time:
Location:
Religion:
Source of Information:
Reliability:
Mode of Transportation:
Race/ Ethnicity
Marital Status:

CC: "I have pain in my feet," x1 day

HPI:
L.W is a 71-year-old female who presents with bilateral foot pain since yesterday. She states there was no inciting traumatic injury and that she noticed it while walking throughout the day. She describes the pain as a pressure-like sensation on the plantar aspect of her feet near the toes. She states she buys shoes with arch support and makes sure they are well-cushioned. She bought new slip-ons from Sketchers back in November and is concerned about whether the footwear may have exacerbated her symptoms. She also reports having a bunionectomy of the right foot, and now reports similar pain in the left foot, which she believes could be another bunion. She rates the pain as a 7/10, and that resting and not standing alleviates her discomfort. Denies any numbness/tingling, pallor, or ulcers. No joint redness or swelling. No weakness in the affected areas.
OTC: None

Past Medical History:
Hypertension
Hyperlipidemia
Hyperthyroid

Medications:
- Amlodipine
- Hydrochlorothiazide

- Levothyroxine
- Rousuvastatin

Denies taking any herbal supplements or other medications otc

Allergies:
Codeine - reaction unknown
Morphine - reaction unknown
Denies any known food allergy or environmental allergies

Surgical History:
Bunionectomy of the right foot
C- section
Hysterectomy
Thyroidectomy

Family History:
- Father: Deceased at age 77, with a history of diabetes and hypertension
- Mother: Deceased at age 80, with a history of asthma
- No other significant family history

Social History:
- Current smoker, smokes approximately 2 cigarettes per day for the past 10 years
- Denies illicit substance use and alcohol use
- Exercise: She ambulates independently without assistive devices. Patient reports her exercise is taking short walks in her neighborhood; she walks for an average of 15 to 20 minutes a day.

Review of Systems:
General: Denies generalized weakness/fatigue, fever, chills, loss of appetite, and night sweats. Denies recent weight loss.
Skin: Denies ulcers, discoloration, or any lesions on the feet.
Neurological: Denies numbness, tingling, weakness, or changes in sensation.
Musculoskeletal: Admits to bilateral foot pain on the plantar aspect near the metatarsal heads, and left 1st MTP pain, and swelling. Denies joint redness.
Peripheral Vascular: Denies intermittent claudication, varicose veins, or coldness in extremities.

Physical exam:

Vital signs:

Height: 62 in. Weight: 130lbs BMI: 24.56

BP: 127/77 mmHg R arm HR:72 bpm, RR: 16 breaths/ min, T: 97.6F oral, SpO2: 95% on room air Pain scale: 7/10

General: 71-year-old female appears her stated age, alert, well- appearing, and in no acute distress.

Cardiovascular: Regular rate and rhythm, normal S1 S2.

Respiratory: Clear to auscultation bilaterally.

Musculoskeletal: On inspection, there is a well-healed surgical scar on the right foot. Tenderness to palpation on the plantar aspect of the 2nd to 4th metatarsal heads on bilateral feet. Mild prominence of the left 1st MTP joint that is tender to palpation. No calluses/ ulcerations, erythema, or swelling noted. Full ROM without pain of bilateral ankles and feet. Strength 5/5. Positive Squeeze test on the left foot

Neurologic: Gait steady and normal.

Peripheral Vascular: No signs of peripheral edema, pallor, or cyanosis in bilateral lower extremities. Dorsalis pedis pulses 2+ bilaterally. Capillary refill < 2 secs. Sensation intact with a light touch over the bilateral feet.

Skin: Warm, dry, no lesions or ulcers noted on bilateral feet.

Assessment:

L.W is a 71-year-old female with a past medical history of hypertension and a right bunionectomy, presenting with an acute onset of atraumatic bilateral plantar forefoot pain since yesterday. The physical exam is notable for tenderness to palpation over the 2nd through 4th metatarsal heads on both feet, with prominence of the left 1st MTP. Given the clinical presentation and physical examination, there is no concern for neurologic deficits or a vascular cause, as there is no erythema, swelling, or ulceration. Low concern for fracture or dislocation given lack of trauma and normal ambulation. Overall, this presentation is most consistent with mechanical metatarsalgia, possibly related to the patient’s footwear and age-related structural changes.

Differential Diagnosis:

1. **Mechanical central metatarsalgia -** This patient presents with atraumatic foot pain, with symptoms of bilateral plantar forefoot pain throughout the 2nd and 4th metatarsal heads, worsened with walking and relieved with rest. Her clinical presentation is most consistent with a mechanical central metatarsalgia based on her exam, which showed focal tenderness over the metatarsal heads. In older adults, there are structural changes, such as plantar soft tissue stiffness or an altered plantar distribution, causing an increase in pressure, and this can affect walking ability. Also, this patient reported a change in footwear, which could have exacerbated her symptoms.
    a. Plan:
        i. Patient education on proper footwear and recommending inserts for cushioning
        ii. Educate on modified activity to reduce symptoms (reduce long periods of walking and standing)
        iii. NSAIDs for pain management
        iv. Consider an X-ray
        v. Referral for podiatry for further workup

2. **Hallux Valgus (Bunion) -** The patient has a prior history of a bunionectomy on the right foot, and on physical exam, there was a notable prominent eminence on the 1st MTP on the left foot. This deformity could contribute to the pain she is experiencing right now due to the transfer/ redistribution of weight and stress to the metatarsals when walking and applying pressure.
    a. Plan:
        i. Patient education on footwear, and wearing shoes with a wide toe box
        ii. NSAIDs for pain/discomfort
        iii. Consider an X-ray to assess the severity
        iv. Refer to podiatry if there is persistent pain or if symptoms progress

3. **Osteoarthritis -** This condition is known as the most common degenerative disorder that can affect multiple joints throughout the body, and it presents with pain/ stiffness that usually occurs in the morning, lasting less than 30 minutes in the day. Risk factors can include women, increased age, and, for those with foot involvement, the 1st metatarsal is most affected. OA should be a strong consideration for this patient, as it worsens throughout the day and with use.
    a. Plan:

i. Encourage exercise (walking, yoga, swimming) and reinforce maintaining a healthy weight to reduce stress on the joints
ii. NSAIDs (topical - diclofenac or PO)
iii. Consider an X-ray if symptoms persist to assess for osteophyte or joint space narrowing

4. **Morton's Neuroma -** This condition classically presents with pain at the metatarsal region, specifically at the 3rd and 4th MTPs, which is exacerbated with walking, relieved with rest, and associated with wearing tight-fitting shoes. However, this patient does not have neuropathic symptoms, such as burning sensations, numbness, or tingling, which makes this diagnosis less likely.
    a. Plan:
        i. Patient education on footwear, and wearing wide shoes, consider shoe inserts for cushioning
        ii. Instruct modified activity as tolerated to reduce symptomatic exacerbation (prolonged periods of walking and standing)
        iii. Refer to podiatry for potential corticosteroid injections if symptoms persist and for potential imaging

Plan - Mechanical central metatarsalgia:

- Provide patient education regarding the mechanical nature of her symptoms; how her bilateral foot pain is due to extra pressure placed on her feet, and her footwear may also be contributing to the pain. Explaining how conservative pharmacotherapy, like NSAIDs (Ibuprofen, or Naproxen, topical diclofenac) improve most cases
- Recommend footwear modification and to wear shoes with a wide toe box, and with enough cushioning. Advise to stop wearing the Sketchers slip-on shoes until her symptoms resolve, as there are better alternatives
- Encourage rest, and limit prolonged standing/walking.
- Obtain an X-ray of the bilateral feet to assess for degenerative changes
- Refer to podiatry for continued management