S.O.A.P. Note
(Learn in Detail)

January 1, 2050
Joe Sample

Subjective
NLDOCAT:
Nature – Do you have burning, tingling, shooting or numbness pain?
Location – Can you point with one finger where it hurts?
Duration – Months, weeks days?
Onset – Did this happen gradually or all at once?
Course – Getting better or worse? Radiating to other parts of the foot?
Aggravated – What makes it worse? Walking, certain shoes, resting?
Treatment – What have you tried to make it better?

Does he have any fevers, chills, nausea, or vomiting? Shortness of breath? Any trauma? If trauma, know when last time he ate?

Objective
VITALS:

1. Temperature – (36.5-37.6 C)
2. Heart Rate – (80-100 beats/min)
3. Respiratory Rate – (12-22 breaths/min)
4. Blood Pressure – (100-160 mmHg systolic)
5. Pulse Oximetry – (95-100 SpO2)
6. Pain Scale – (scale of 1-10)

GENERAL EXAM:

- Awake, alert, oriented.
- Well groomed.
- Dressing are dry and intact. No strikethrough.

LOWER EXTREMITY EXAM:

Neurologic

- Light touch – 10g Semmes Weinstein Monofilament (5.07)
- Vibratory – 128 Hz Tuning Fork
- Sharp/dull – the blunt end and sharp end of a swab stick
- Proprioception – move hallux up or down in space
- Deep Reflexes – Achilles (L5-S2) and Patellar (L2-L4) with a reflex hammer
- Superficial Reflexes – Babinski sign with a curved stroke of the reflex hammer

Vascular

- Pulses -Dorsalis Pedis (DP) and Posterior Tibialis (PT) palpable
- Doppler Ultrasound - Mono-, Bi-, Triphasic
- Capillary refill - <3 seconds or >3 seconds
- Digital hair – (+/-) presents (hair in toes = good blood flow)
- Varicosities – (+/-) presents
- Edema (pitting edema vs non-)
    - 1+ minima, 2+ moderate, 3+ severe
- Skin temperature - is (cold/warm) to the touch
    - Hot – inflammation or infection
    - Warm – normal healthy
    - Cold – poor blood flow

Muscular

- Foot type – pes cavus, pes rectus, pes planus
- Digital deformity – bunion, claw toe, hammer toe, mallet toe, hallux limitus. Any previous amputations
- Range of Motion (ROM) – Adequate ROM to MTPJ, STJ, and AJ without crepitus, slight pain at end range of motion
- Muscle Strength – 5/5 on all quadrants
- Equines
    - Gastroc equinus
    - Gastroc-soleus equinus
    - Pseudoequinus
- Biomechanics
    - Gait Analyses
    - WB vs non-

Dermatologic

- Nails
    - Onychauxis – thickened, long nail
    - Oncholysis – separated nail
    - Onychocryptosis – ingrown nail
    - Onychogryphosis – ram's horn nail
    - Onychomycosis – fungal nail

- Skin
    - No hyperkeratotic lesions, verruca tissue, foreign body. Mild edema, erythema but no open lesions, abrasions, or interdigital maceration. No varicosities, telangiectasias, pigmented lesion, or venous stasis. Adequate fat padding to the plantar aspect of the foot.
- Ulcer
    - (length x with x depth) location?
    - Granular or fibrotic base?
    - Roofing/undermining?
    - Tracking? tunneling? macerated or hypertrophic border?

- Probes to a bone?
- Sanguineous or serous drainage?
- Periwound erythema or edema?
- Malodor present?
- Type: decubitus, ischemic, venous, neuropathic ulcer?

LABS: CBC, BMP, PT/INR, culture, gram stain

RADIOGRAPHS:

- Radiograph – 3 views of foot, 3 views of ankle x-ray
- CT Scan (Computerized Tomography Scan)
- MRI (Magnetic Resonance Imaging)
- MRA (Magnetic Resonance Angiogram)

Assessment

- Comorbidities
  - DMII, HTN, Afib, RA, Anemia, smoker
- Think diagnosis or differential diagnosis
  - Hammertoe, ankle fracture, neuropathic ulcer, etc.
- Think ICD 10 codes, if comfortable

Plan

- Educate patient
- Medication dispensed
- New exams (labs or x-ray)
- Weight bearing status: WB, non-WB, or partial-WB
- Pt. will return to the clinic in _ weeks