



PrePodiatryClinic101 OSCE



Podiatry Clinic101



DOORWAY INFO:

22F complaining of painful “bump” on big toes

Vitals:

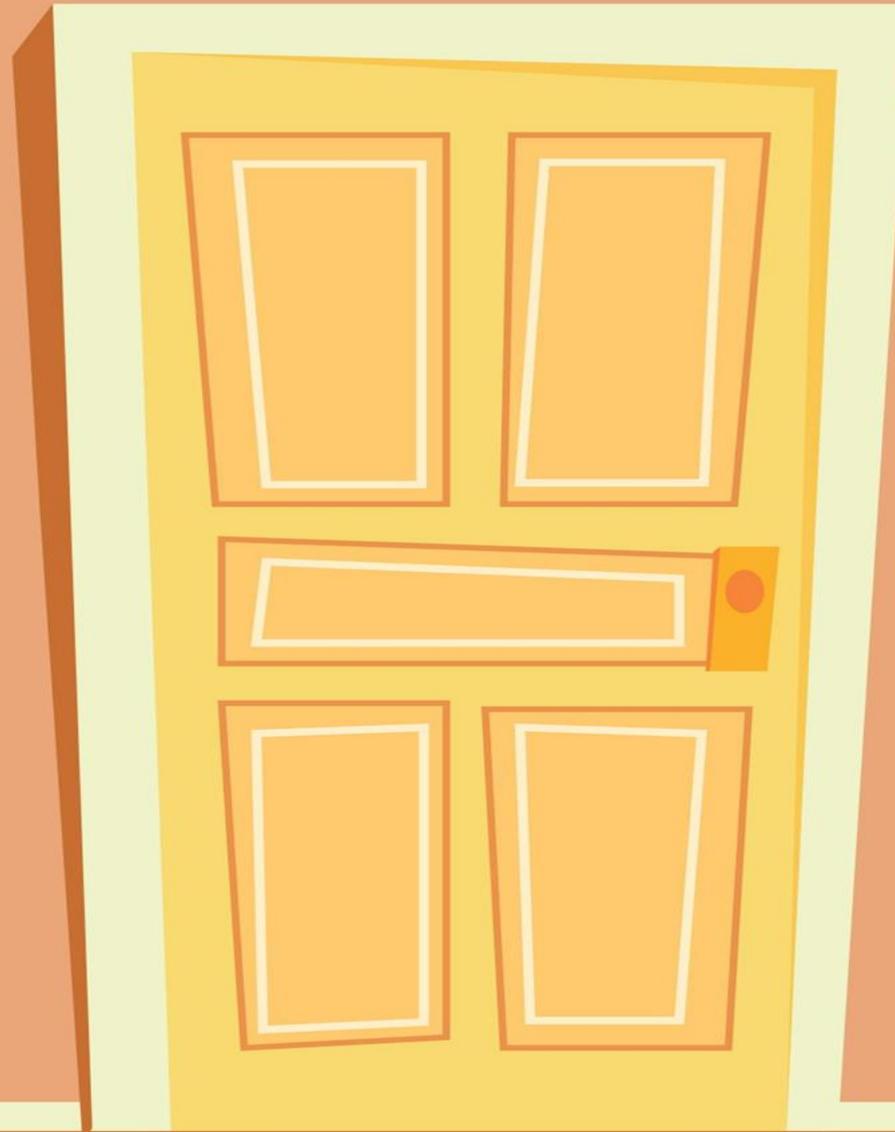
Temperature: 98.9

Heart Rate: 86

Respiratory Rate: 16

Blood Pressure: 127/84

YOU MAY NOW BEGIN YOUR PATIENT ENCOUNTER:



What do you want to know
about the patient?

History

Q: Pain began when she was 14, mostly when she runs. Localized to bony prominence of medial hallux, bilaterally.

P: Palliative factors - wearing “wide” tennis shoes; Provoking factors - running, wearing pointed shoes, high heels

Q: Sore in quality, sharp at times

R: Non-radiating

S: 8/10 after being on feet for many hours, 2/10 at rest

T: Pain and bony prominence have gotten worse over the years

History (cont)

Allergies: None

Meds: Women's multivitamin

Past Medical History: None

Past Surgical History: None

Family History: Mother has bunions & painful flat feet, Father is healthy, younger sister (16 years old) has flexible flatfeet

Social History: Currently in college. Drinks alcohol 1-2x/week, Denies tobacco use, or illicit drugs.

Review of Systems: Unremarkable except for CC/HPI

What physical exams do
you want to do?

Physical Exam Findings

Vitals: Within normal limits

Vascular: Dorsalis pedis & posterior tibial pulses 2/4 b/l. Capillary refill < 3 seconds.

Neurologic: Light touch and motor sensation grossly intact bilateral.

Dermatologic: No lesions noted. Nails well trimmed, patent, and without clubbing digits 1-5 bilateral. Warm symmetrically.

Muscularskeletal: Full range of motion in all pedal joints b/l without crepitus, including the 1st MTPJs. Hindfoot valgus b/l. Flexible forefoot varus, 20 degrees bilateral. Collapsible medial arch on weight bearing. Arch recreated with Hubscher maneuver b/l.

Relevant Physical Exam (cont.)

Hallux purchase: Place piece of paper under hallux & instruct patient to stand normally while examiner pulls paper out from under hallux. Normal if paper is held in place under hallux.

Resting vs Neutral Calcaneal stance position: if NCSP improves HAV, then biomechanical control should be considered in treatment plan.

Single/Double Limb Heel Rise: Hindfoot inversion means posterior tibial tendon healthy. (Helps determine etiology of flatfoot)

TIP: Evaluate EHL contracture, any hyperkeratotic lesions, 1st MPJ range of motion

What tests do you want to
order?

Radiograph



What are your differential
diagnoses?

Answer:

- Hallux abductovalgus
- Flexible pes planus

What are conservative
treatment options for this
patient?

Conservative Treatments

- Padding/bunion shield
- Shoe modifications such as wide or high toe box
- Orthotics that support deformity to prevent hyper-pronation
- NSAIDS

What are the surgical options for this patient?

Types of bunion surgeries

Proximal: Base Wedge Osteotomy, Crescentic

Shaft: Offset V, Ludloff/Mau, Scarf

Distal: Reverdin, Austin

TIP: As a general rule, as the intermetatarsal angle (IMA) gets larger, the osteotomy is performed more proximally.



Thank You



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