

Case Report Subject Number 1

This 64 y/o male subject was referred for lymphatic drainage following biopsy to the right leg resulting in necrotic wound in the right leg. The left leg also had a wound of three months duration after dropping a piece of wood on the foot. Subject had a history of bilateral lower extremity edema which he reported managing with the use of compression socks. Over the last several months the compression stockings were not effective in managing edema especially in the foot. Wound care team were applying unna boots weekly and milking the lymphatic fluid out of the wound in the left foot.

Medical history: anemia, sleep apnea, obesity, hx of colonic polyps, cholelithiasis, type II diabetes, hypertension, hyperlipidemia, hearing loss, arthritis, glaucoma. Pt reports he was kicked in testicles by a bull as a young man but having no history of surgery in the groin. He has scar on the left testicle.

A1C 6.0 Blood glucose 154

Pedal pulse originally non palpable

Initial wound measurement right was 4cm by 3cm- Wound had massive drainage and was 100% eschar

Left foot .8cm by 1 cm depth .3cm

Subject was functional with ambulation using cane but needed help to lift legs in bed or to bath. Gait was wide based with external rotation with lateral shifting to advance legs. He has fallen once.

Measurements of leg beginning at metatarsal heads and 4cm there after

Left 27.5, 28, 36, 29.5, 29, 29, 36.5, 39, 37 Right 27, 30.5, 32.5, 37.5, 30, 36, 36, 36, 40, 42

CAT Scans of abdomen revealed no reason for blockage

Treatment plan was isodasorb with lymph drainage and bandaging, then ex 5 times per week

After week one, edema significantly decreased. Over the weekend spouse rebandaged subject with her own technique resulting in bandage tight at ankle with return of edema to the foot.

Left foot was not draining and dressing changed to prisma

Eschar was removed on right leg but new layer formed over the wound

Left foot decreasing in size with minimal drainage

Week two- Foot continued to decrease in size with foot and ankle edema significantly reduced. Over weekend veteran was to remove bandages and apply compression stockings however he removed bandages but failed to put on compression stockings as he was unclear whether to use new or old stockings. Edema returned in both extremities.

Week three- Edema reduced- left foot continues to progress. Right wound demonstrating increase in granulation. Over weekend compression socks applied with edema returning in the feet only.







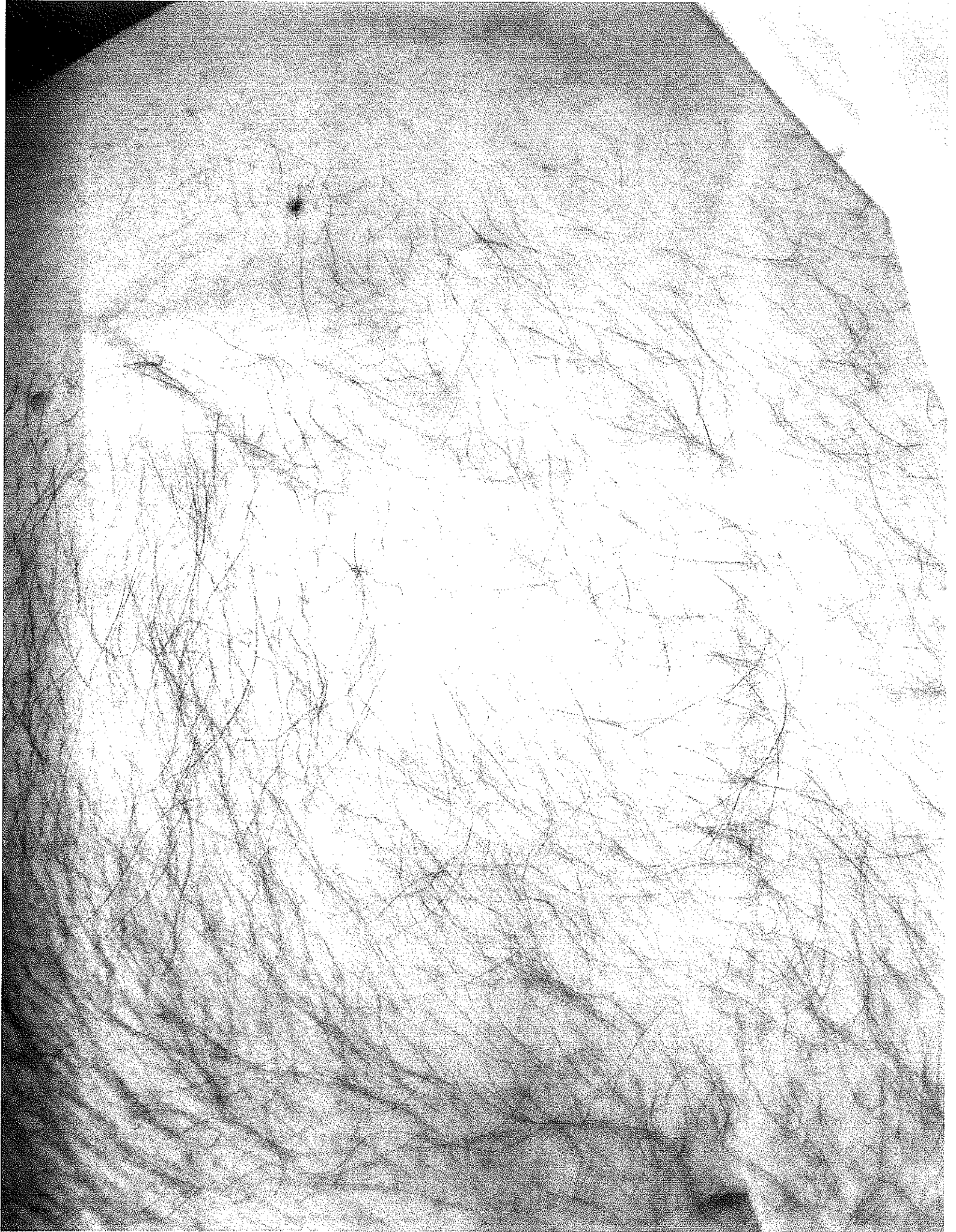














9/30

LDT Lymphedema Measurement Chart

Print Name: _____ ID #: _____

Initial Assessment Date: _____ Affected Lim: Arm / Leg
R L Both

Weight: _____

Post tx Weight: _____ Abd Girth: Pre _____ Post _____

Pre-treatment		Treatment Phase					Post TX
Date:		Date/Therapy		Date/Therapy	Date/Therapy	Date/Therapy	Date/Therapy
Point	cm mark	Right	Left				Right/Left
0	0	25	24				
	4	23	22.5				
	8	26.5	25.5				
<i>ankle</i>	12	23	24				
<i>mid</i>	16	30.5	30				
	20	39	26				
	24	32	27				
	28	31	30				
	32	33.5	31				
	36	36	33				
	40	38	26.5	46			
	44	37.5	39				
<i>mid thigh</i>	48	42	40				
<i>Stom</i>	52	43	40	53 cm			
	56						
	60						
	64						
	68						
	72						
	76						
	80						

LDT Lymphedema Measurement Chart

Print Name: _____ ID #: _____

Initial Assessment Date: _____ Affected Lim: Arm / Leg
R L Both

Weight: 256.1

Post tx Weight: _____ Abd Girth: Pre _____ Post _____

Pre-treatment		Treatment Phase				Post TX
Date:		Date/Therapy		Date/Therapy	Date/Therapy	Date/Therapy
Point	cm mark	Right	Left			Right/Left
0	0					
4		27	27.5			
8		30.5	28			
12		32.5	36			
16		37.5	29.5			
20		30	29			
24		36	29			
28		36	36.5			
32		40	39.0			
36		42	37			
40						
44						
48						
52						
56						
60						
64						
68						
72						
76						
80						

	Date Recorded	Problems	Date of Onset	Date Resolved
1.	9/22/11	Anemia (285.9)		
2.	9/12/11	Unspecified Sleep Apnea (780.57)		
3.	9/12/11	Obesity (278.00)		
4.	9/12/11	Personal History of Colonic Polyps (V12.72) Benign-found during colonoscopy 2010 per vet		
5.	9/12/11	External hemorrhoids without mention of complication (455.3)		
6.	9/2/11	Lymphedema, acquired (ICD-9-CM 457.1) (457.1)		
7.	3/23/10	Cholelithiasis (574.20)		
8.	10/28/09	Tinea Versicolor (111.0)		
9.	9/28/09	Diabetes Mellitus type II (250.00)		
10.	9/28/09	Hypertension (401.9)		
11.	9/28/09	Hyperlipidemia (272.4)		
12.	9/28/09	Hearing loss (389.9)		
13.	9/28/09	Arthritis (716.90)		
14.	9/28/09	Glaucoma (365.9)		

CONSULTATION NOTE #5262495

LOCAL TITLE: PM&R PHYSICAL THERAPY CONSULT
STANDARD TITLE: PHYSICAL THERAPY CONSULT
DATE OF NOTE: SEP 12, 2011@15:58 ENTRY DATE: SEP 12, 2011@15:59:09
AUTHOR: RICH, REBECCA L EXP COSIGNER: MACK, MARY C
URGENCY: STATUS: COMPLETED

PHYSICAL THERAPY ASSESSMENT

Diagnosis: Lymphedema with wounds, Diabetes II, glaucoma, arthritis

Precautions: Vision, Hearing, Fall
Living arrangement prior to admission: Home with spouse

Prior Level of Function: Independent ambulatory with or without assistive device, Reports having fallen getting out of car

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AUTHOR & TITLE:

DATE:

Anticipated Discharge Plan: Home/Significant others/Caregiver

Weight Bearing Status: FWB

Pain Level (Scale 0/10): 0-no pain

Patient/Family Goals: Reduce lymphedema and heal wounds

Mental Status: Orientation - Person, Place, Time, Situation

Follow Commands: Complex

Neuromuscular Assessment:

Left

Strength

ROM

Hip Flex 2/5 WFL

Hip Ext: 2/5 0

Hip Abd: NT

Knee Flex: 3/5

Plantar Flex: NT

Dorsiflex: 2/5 5/15

Right

Strength

ROM

Hip Flex 2/5 WFL

Hip Ext: 2/5 -20/20

Hip Abd: NT

Knee Flex: 3/5

Plantar Flex: NT

Dorsiflex: 2/5 0/15

Upper Extremity Strength: WFL

Pattern of Movement: WFL

Balance

Sit-static: good

Sit-dynamic: good

Stand-static: fair

Stand-dynamic: fair

Sensation: Feels light touch in toes

Posture: Mild kyphosis

Edema: Present

Measurement: Beginning at first metatarsal at 4cm intervals Right-
27, 30.5, 32.5, 37.5, 30, 36, 36, 36, 40, 42 Left 27.5, 28, 36, 29.5, 29, 29, 36.5, 39, 37 cm

Body Part: Lower extremities

2. Right and left ABI's are artifactually elevated by noncompressible vessels, this can underestimate disease severity. Toe pressure determinations more accurately reflect perfusion,

*** WORK COPY ONLY *** (continued)

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US BILATERAL ARTERIAL ANKLE BRACHIAL INDICES

Exm Date: OCT 05, 2011@13:07

Req Phys: MACK, MARY C

Pat Loc: FREEDOM/10-06-2011@14:52

Img Loc: ORL US

Service: NURSING/NHCU

(Case 1060 COMPLETE) US BILATERAL ARTERIAL ANKLE BRACH(US Detailed) CPT:93922

Proc Modifiers : BILATERAL EXAM

Reason for Study: Poorly healing BLE wounds, diabetes, lymphedema, obesity

Clinical History:

New request. Veteran currently at the CLC for rehab. Obese, diabetic with BLE lymphedema & poorly healing wounds-L foot & R lower leg. Legs from mid shins to ankles are shiny & hairless. Requesting arterial study for blood flow information.

Report Status: Verified

Date Reported: OCT 05, 2011

Date Verified: OCT 05, 2011

Verifier E-Sig:/ES/MARJORIE THURLOW

Report:

Doppler arterial evaluation of the lower extremities is submitted for evaluation.

History: Wound healing, diabetes

Comparison: None.

Findings:

Doppler evaluation of the lower extremities shows a normal triphasic arterial waveform in the posterior tibial, and dorsalis pedis distributions bilaterally. PPG waveform evaluation of the great toes shows bilateral decreased amplitude. The technologist documents bilateral noncompressible vessels.

Pressure study as follows:

Brachial pressures: 112 mmHg right; 115 mmHg left PT: ABI = 1.82 on the right, 1.78 on the left DP: ABI = 1.75 on the right, 1.60 on the left Great toe: 108 mmHg on the right, 114 mmHg on the left

Impression:

1. Relatively symmetric arterial blood pressure, measured by brachial artery systolic pressure only.