

Max Fabrizio Conserva
 10/7/2014 9:30 AM Office Visit
 MRN: 41998318

Description: 33 year old male
 Provider: Saam Morshed, MD
 Department: Ortho Pros Mb

Diagnoses	Reason for Visit
Acquired deformity of leg, right - Primary 736.89	Leg Pain Right Leg

Vitals - Last Recorded		
Ht 177.8 cm (5' 10")	Wt 72.576 kg (160 lb)	BMI 22.96 kg/m2

H&P Notes
 No notes of this type exist for this encounter.

Progress Notes
 Jenny Lynn Triplett, PA at 10/7/2014 9:33 AM
 Status: Addendum

Subjective:

Max Fabrizio Conserva is a 33 y.o. male who presents with a deformity of the right leg s/p vehicular trauma in his youth and right lateral leg trauma, subsequent growth plate abnormalities, and slight peroneal nerve paralysis. 6-7 years after the injury he had an ilizarov realignment and limb lengthening of the femur. This was the last major round of surgery. He also had a tibial tendon transfer around 1994. His prior surgeries were performed at children's hospital LA.

He is currently working with Richard Nguyen on orthotics and is an athlete, currently training for crossfit and triathlons. He uses a custom KAFO.

Currently, he is reassessing his current problems and would like to develop better orthotic conditions. The main difficulty is finding supportive orthotic for the knee and ankle. He externally rotates the leg, which causes the foot to supinate and thus has varus hindfoot supination at the ankle, which has made bracing difficult. He has pain on lateral side of the foot as well as at the medial heel, which causes problems with the brace. He is interested to see if another skeletal realignment would be in his best interest.

Pain is rated 0-2/10 (0=no pain, 10=worst imaginable pain).

PAST MEDICAL HISTORY:

Past Medical History

Diagnosis	Date
• Allergic state	

PAST SURGICAL HISTORY:

Past Surgical History

Procedure	Laterality	Date
• Knee surgery <i>More than 15 surgeries with reconstruction, no current hardware in place, last surgery >20 years ago</i>	Right	

ALLERGIES:

Review of patient's allergies indicates no known allergies.

MEDICATIONS:

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• DOCOSAHEXANOIC ACID/EPA (FISH OIL ORAL)	Take by mouth.		
• GLUCOSAM HCL/CHONDRO SU A/C/MN (GLUCOSAMINE-CHONDROITIN COMPLX ORAL)	Take by mouth.		
• METHYLSULFONYLMETHAN E (MSM ORAL)	Take by mouth.		

No current facility-administered medications for this visit.

SOCIAL HISTORY:

Occupation: Professional triathlete
 Marital Status: Single
 Tobacco Use: reports that he has never smoked. He has never used smokeless tobacco.
 Activities: swimming, tennis and crossfit

FAMILY HISTORY:

Family History Problem	Relation	Age of Onset
• Thyroid disease	Mother	

REVIEW OF SYSTEMS:

Review of Systems
 Constitutional: Negative.
 Respiratory: Negative.
 Cardiovascular: Negative.
 Musculoskeletal: Positive for joint pain.
 Skin: Negative.
 Neurological: Negative.

All other systems were reviewed and are negative.

Objective:

PHYSICAL EXAM:

There were no vitals taken for this visit.

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Pulmonary/Chest: Effort normal.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

He walks with a KAFO remarkable well. He circumducts the right LE but moves with a nearly even cadence and no apparent antalgia.

There is a atrophic calf with a cavus foot and callous formation on the lateral foot. The knee is valgus, IR to the hip, with ER or the ankle/foot. He has nearly 90 degrees of flexion (appears to come through lateral subluxation of the patella and opening of the medial compartment), full extension.

Based on CT Scan, the following measurements (+ anteversion at hip/ER at hip and ankle)

	R	L	
Hip	+17	+17	
Knee	+38	-3	(internally rotated)
Ankle	+58	+15	(externally rotated)
	-40	2	Net hip to ankle axial deformity

He is 3 cm short on the right

IMAGING:

I have personally reviewed and interpreted prior imaging which includes: CT scan and scanogram of the BLE.

Assessment & Plan:

Max Fabrizio Conserva is a 33 y.o. male with multiple deformities, malalignment of the left leg, involving the femur, tibia and foot. Despite his impressive length, coronal and axial plane deformities, he is virtually pain free and functions at a very high level. Any surgical reconstruction, I have advised him, would require addressing things at multiple levels, and single component of which is likely to lead to more deformity if the full treatment course below is not followed. Also, there would be more than one year of recovery expected. And there is no guarantee that the end result will function any better or prevent future problems.

My surgical recommendation would be:

His valgus knee would be addressed with a femoral osteotomy and an taylor spatial frame (6 months) on the tibia for correction of his external rotation. I would not purposefully even his limb lengths given the foot drop and stiff knee that would make clearing the ground more difficult for his right leg through the swing phase of gait.

I would recommend waiting on any foot and ankle surgery, until we could ascertain what he's left with after the above surgeries, again I expect the supination of the foot to be accentuated by

this procedures.

He believes that the main issues with his activity level and obtaining a proper orthotic are mainly due to the valgus knee and ER of the ankle. He would like to consider his surgical options. My concern is that he is very well accomodated after all these years to his skeletal deformities, and this would be seriously jeopardized, and corrected deformity, particularly at the level of the knee can recur given the absence of lateral condyles of both the femur and tibia. An arthroplasty or osteochondral allograft could be used to address these deficiencies but would be heroic and high risk for complications. After consideration of Mr. Conserva's condition, and the remarkable functional level that he has been able to achieve, relatively pain free, I do not believe that surgery would be a wise step and is more likely to slow him down and cause problems than improve his current or future health or function.

I spent a total of 30 minutes face-to-face with the patient and 20 minutes of that time was spent counseling regarding the diagnosis, the treatment plan, the prognosis, the risks and benefits of surgery, symptoms and therapeutic options

Revision History



Encounter-Level Documents:

Scan on 10/14/2014 12:08 PM by Christianne Ulukou : NP Ortho Sports Questionnaire

All Meds and Administrations

(No medication admins recorded for this encounter)

Level of Service

PR OFFICE OUTPATIENT VISIT 5 MINUTES [99211]

Follow-up and Disposition

Routing History Recorded

All Flowsheet Templates (all recorded)

- Encounter Vitals Flowsheet
- Custom Formula Data Flowsheet
- Anthropometrics Flowsheet

Referring Provider

Referring No

All Charges for This Encounter

Code	Description	Service Date	Service Provider	Modifiers	Qty
99203	PR OFFICE OUTPATIENT NEW 30 MINUTES	10/7/2014	Jenny Lynn Triplett, PA		1
51000004	HC LEVEL 3 NEW PATIENT	10/7/2014	Jenny Lynn Triplett, PA	Z8	1

Other Encounter Related Information

Allergies & Medications

Problem List

History

Medications Last Reviewed During Encounter By

JOSHUA B PENDLETON on 10/7/2014 at 9:37 AM

History

Last reviewed in this visit by Joshua Pendleton on 10/7/2014 at 9:37 AM

Sections Reviewed
Alcohol, Drug Use, Tobacco, Sexual Activity, Family, Medical, Surgical

Encounter Vitals Flowsheet Audit Trail (all recorded)

Flow Time	Flow Value	User	File Time	Action
Weight				
10/07/14 0934	72.576 kg (160 lb)	JP	10/07/14 0936	Current
Height				
10/07/14 0934	177.8 cm (5' 10")	JP	10/07/14 0936	Current
Pain Score				
10/07/14 0934	0 Comment: Right Leg	JP	10/07/14 0936	Current
Pain Loc				
10/07/14 0934	LEG	JP	10/07/14 0936	Current
User Key (r) = User Recd, (t) = User Taken, (c) = User Cosigned				
Initials	Effective Dates	Name	Provider Type	Discipline
JP	03/18/13 -	Joshua B Pendleton	Person	

Created by

Encounter creation information not available

Encounter Status

Closed By: Jenny Lynn Triplett, PA on 10/7/14 at 10:41 AM

Aspirin Management Plan

No data filed

Hyperlink for Printing Encounter AVS

[Printed AVS Snapshots](#)

Progress Notes

Max Fabrizio Conserva (M [REDACTED])

Progress Notes Info

Author	Note Status	Last Update User	Last Update Date/Time
Patrick Horst, MD	Signed	Kirstina Marie Olson, MD	8/19/2014 3:34 PM

Progress Notes

Subjective:

I had the pleasure of seeing Max Fabrizio Conserva, in the Orthopaedic Surgery Foot and Ankle Clinic today for evaluation of right ankle pain.

CHIEF COMPLAINT: ankle pain, right.

HISTORY OF PRESENT ILLNESS:

Max Fabrizio Conserva is a 33 y.o. male with right ankle pain located on the outside of the ankle. He was hit by a truck when he was 8 years old and had a severe right knee injury. He also had peroneal nerve damage. He grew up had growth deformities from medial sided growth (and lack of lateral sided knee growth). 6-7 years after the injury he had an ilizarov realignment and limb lengthening of the femur. This was the last major round of surgery. He also had a tibial tendon transfer around 1994. His prior surgeries were performed at children's hospital LA.

Currently, he is reassessing his current problems and would like to develop better orthotic conditions. The main difficulty is finding supportive orthotic for the knee and ankle. He externally rotates the leg, which causes the foot to supinate and thus has varus hindfoot supination at the ankle, which has made bracing difficult. He has pain on lateral side of the foot as well as at the medial heel, which causes problems with the brace. He is interested to see if another skeletal realignment would be in his best interest.

Pain is rated 5/10 (0=no pain, 10=worst imaginable pain).

His main goals for treatment would be to be able to find a brace that would allow him to both ambulate, ride a bike (knee ROM) as well as sit comfortably in a chair. Currently, he has two separate braces as one is comfortable for the knee and the other is comfortable for the ankle.

PAST MEDICAL HISTORY:

Past Medical History

Diagnosis	Date
• Allergic state	

PAST SURGICAL HISTORY:

Past Surgical History

Procedure	Laterality	Date
• Knee surgery	Right	
<i>More than 15 surgeries with reconstruction, no current hardware in place, last surgery >20 years ago</i>		

11th
31st

No current facility-administered medications for this visit.

REVIEW OF SYSTEMS:

ROS

All other systems were reviewed and are negative.

Objective:

PHYSICAL EXAM:

Ht 177.8 cm (5' 10") | Wt 74.844 kg (165 lb) | BMI 23.68 kg/m²

Physical Exam

MUSCULOSKELETAL EXAM:

Pain is localized to the right ankle(s).
Bilateral lower extremities were examined and evaluated for comparison.

The gait is abnormal. Right leg shortened vs left. Straight leg gait on right. Externally rotates right leg to compensate for valgus at the knee with flexion. .

Gait Abnormality: marked

The patient stands with a varus hindfoot and rotated alignment.

Upon inspection, there is cavus deformity.
Skin exam reveals normal color and turgor

Knee:

Knee ROM with crepitus from 0-85 degrees. The knee falls into valgus with flexion.

Knee is grossly unstable to valgus stress, appears to have no MCL intact.

Knee stable to varus stress.

Well healed incision on lateral aspect of the knee with healed skin graft.

Well healed incisions around the ankle from the tendon transfer.

Ankle:

Ankle axis externally rotated approximately 80 degrees externally. 20-30 degree arc of motion through tibiotalar joint, which is off center of normal sagittal alignment.

No pain with ankle ROM

Hindfoot passively correctable to more neutral, currently in varus position.

Stress and tenderness along the lateral column of foot.

Unable to evert foot.

EHL/FHL/GS/AT intact

SILT: dp/sp/t/s/s, but some tingling in SP, 80% sensation on lateral aspect.

2+ dp pulse.

Lymphadenopathy:

No visible lymphadenopathy or palpable cords in the popliteal region. Negative Homan's test bilaterally.

IMAGING:

Based on the patient's history and physical exam, radiographs were obtained. I have personally reviewed and interpreted the images today. Shows cavus and equinus deformity of the ankle/hindfoot as well as a rotational deformity of the tibia. Destruction of the lateral femoral condyle and lateral tibial plateau. Ankle joint is maintained.

Assessment & Plan:

Max Fabrizio Conserva is a 33 y.o. male with a new problem of ankle pain and ankle deformity and knee deformity.

Diagnosis, treatment options and long term prognosis were discussed. Non-operative conservative measures as well as surgical intervention were both addressed.

The patient was offered the following conservative, non-operative measures: bracing. We also discussed surgical options, which would be extensive.

If he would like to proceed with surgery he would likely need the following:

Poss HTO to bring the tibia out of valgus (he is requesting this)

Tibial lengthening.

Internal rotation osteotomy of the tibia/fibula with a frame.

He would also need a calc osteotomy and lateral closing wedge, consider Achilles lengthening, possibly medial opening osteotomy of the midfoot.

Prior to considering/planning surgery would need full length scan of the hip - knee - ankle. Will order CT scan from hip to ankle bilateral lower extremity.

He will follow up after the CT scan is obtained.

Will also discuss possibility of proximal tibial osteotomy to correct valgus alignment of the knee and bring the ankle back under the knee/hip.

They will consider their options and contact us accordingly.

The patient was educated extensively about their condition, including the pathology, etiology, natural history and treatment options. The patient voiced understanding and all questions were answered.

60 minutes (99205) were spent with the patient, 30 minutes of which was spent providing education, guidance and counseling.

I personally reviewed and interpreted imaging with the patient.

The patient will follow-up: No Follow-up on file.

On arrival patient will need: no xrays

Report electronically signed by:

Kirstina Marie Olson, MD . Foot & Ankle Othopaedic Surgery, UCSF

08/19/2014

ATTESTATION:

My date of service is 8/19/2014. I was present for and performed key portions of an examination of the patient. I am personally involved in the management of the patient. I agree with the findings and care plans as documented.

Links

[Previous Version](#)

Other Encounter Related Information

[Allergies & Medications](#)

[Problem List](#)

[History](#)

"Global 1 Platform"
Ex: 10029617
Knee
Se: 6448/1
Im: 1 (ASC)
Lat: R
Pos: AP

UCSF Orthopaedic Institute
MAX FABRIZIO CONSERVA
1981 February 2 M 41998318
Acc: 10029617
2014 August 19
Acq Tm: 12:25:31

Mag: 1x
(BSpline)

L

R

R
01Z



70.0 kV
249.0 mA
0.0 s



"Global 1 Platform"
Ex: 10029617
Knee
Se: 6448/1
Im: 2 (ASC)
Lat: R
Pos: LAT

Mag: 1x
(BSpline)

P

A

R
012

70.0 kV
250.0 mA
0.0 s

1 OF 3



S

"Global 1 Platform"
Ex: 10029617
Knee
Se: 6448/1
Im: 3 (ASC)
Lat: R
Pos: LAT

Mag: 1x
(BSpline)

P

A

R
01Z

2 OF 3

70.0 kV
250.0 mA
0.0 s



S

"Global 1 Platform"
Ex: 10029617
Knee
Se: 6448/1
Im: 4 (ASC)
Lat: R
Pos: LAT

Mag: 1x
(BSpline)



3 OF 3

R
012

70.0 kV
250.0 mA
0.0 s

Se: 1003/3
Im: 1003 (ASC)

Mag: 1x
(BSpline)

Ortho Institute
MAX FABRIZIO CONSERVA
1981 February 2 M 41998318
Acc: 10029433
2014 August 19
Acq Tm: 12:17:07



R

MBG
UPRIGHT



W: 1022 L: 511

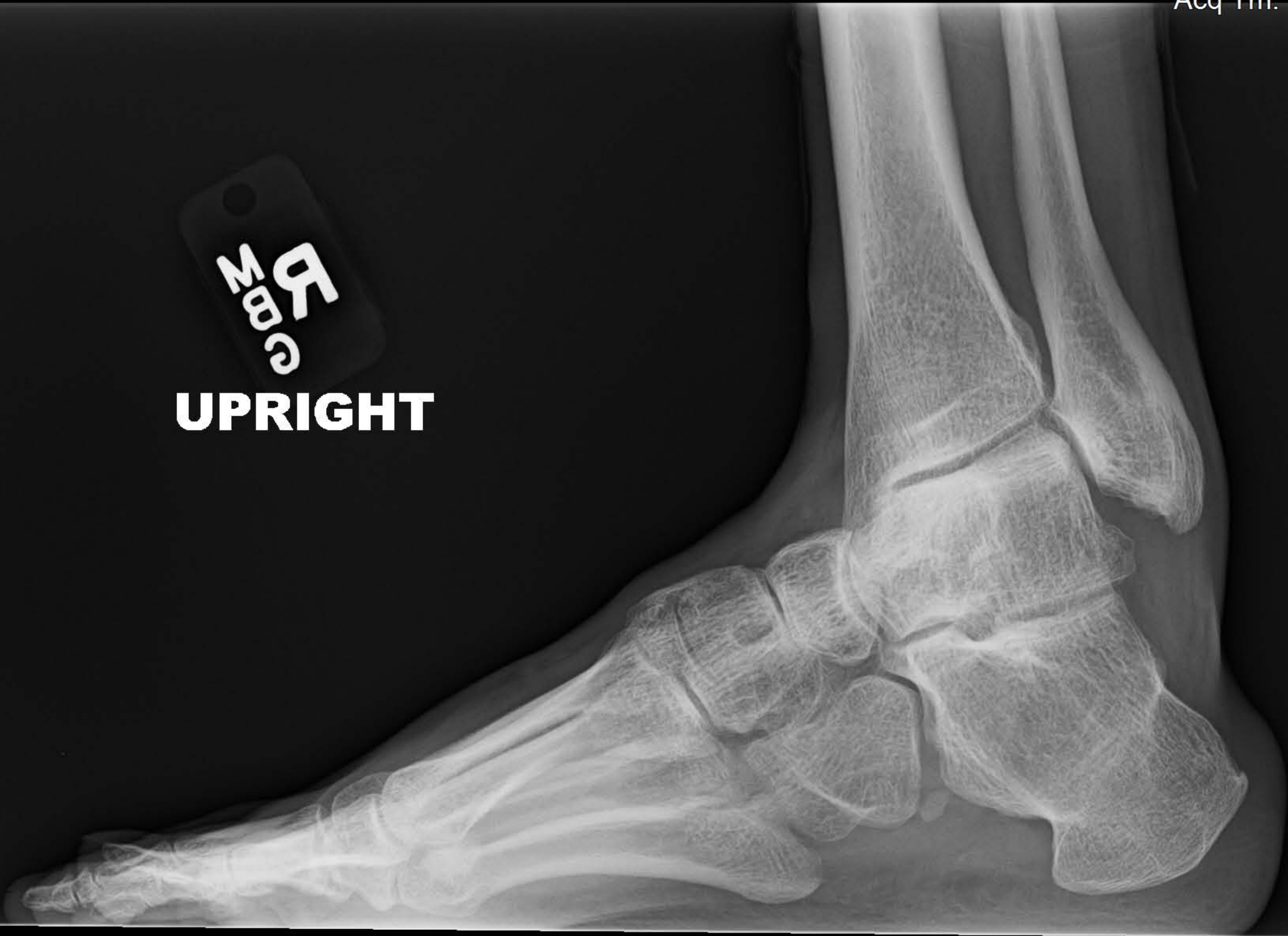
FOV:30.2 x 25.1cm

Se: 1001/3
Im: 1001 (ASC)

Mag: 1x
(BSpline)

Ortho Institute
MAX FABRIZIO CONSERVA
1981 February 2 M 41998318
Acc: 10029433
2014 August 19
Acq Tm: 12:14:31

R
B
C
M
UPRIGHT



W: 1022 L: 511

FOV: 25.1 x 30.2cm

Se: 1002/3
Im: 1002 (ASC)

Mag: 1x
(BSpline)

Ortho Institute
MAX FABRIZIO CONSERVA
1981 February 2 M 41998318
Acc: 10029433
2014 August 19
Acq Tm: 12:17:01

R

MBG
UPRIGHT



W: 1022 L: 511

FOV:30.2 x 25.1cm

"Global 1 Platform"
Ex: 10029613
Leg
Se: 6446/1
Im: 101 (ASC)
Lat: B
Pos: AP

UCSF Orthopaedic Institute
MAX FABRIZIO CONSERVA
1981 February 2 M 41998318
Acc: 10029613
2014 August 19
Acq Tm: 12:17:24

Mag: 1x
(BSpline)

R
01Z



R
01Z



R
01Z



R
01Z



94 96 98 100 102 104 106 108 110 112 114 116 118 120 122 124 126 128 130 132 134 136 138 140 142 144 146 148 150 152 154 156 158 160 162 164 166 168 170 172 174 176 178 180 182 184 186 188 190 192 194 196 198 200 202 204 206 208 210 212 214 216 218 220 222 224 226 228 230 232 234 236 238 240 242 244 246 248 250 252 254 256 258 260 262 264 266 268 270 272 274 276 278 280 282 284 286 288 290 292 294 296 298 300 302 304 306 308 310 312 314 316 318 320 322 324 326 328 330 332 334 336 338 340 342 344 346 348 350 352 354 356 358 360 362 364 366 368 370 372 374 376 378 380 382 384 386 388 390 392 394 396 398 400 402 404 406 408 410 412 414 416 418 420 422 424 426 428 430 432 434 436 438 440 442 444 446 448 450 452 454 456 458 460 462 464 466 468 470 472 474 476 478 480 482 484 486 488 490 492 494 496 498 500 502 504 506 508 510 512 514 516 518 520 522 524 526 528 530 532 534 536 538 540 542 544 546 548 550 552 554 556 558 560 562 564 566 568 570 572 574 576 578 580 582 584 586 588 590 592 594 596 598 600 602 604 606 608 610 612 614 616 618 620 622 624 626 628 630 632 634 636 638 640 642 644 646 648 650 652 654 656 658 660 662 664 666 668 670 672 674 676 678 680 682 684 686 688 690 692 694 696 698 700 702 704 706 708 710 712 714 716 718 720 722 724 726 728 730 732 734 736 738 740 742 744 746 748 750 752 754 756 758 760 762 764 766 768 770 772 774 776 778 780 782 784 786 788 790 792 794 796 798 800 802 804 806 808 810 812 814 816 818 820 822 824 826 828 830 832 834 836 838 840 842 844 846 848 850 852 854 856 858 860 862 864 866 868 870 872 874 876 878 880 882 884 886 888 890 892 894 896 898 900 902 904 906 908 910 912 914 916 918 920 922 924 926 928 930 932 934 936 938 940 942 944 946 948 950 952 954 956 958 960 962 964 966 968 970 972 974 976 978 980 982 984 986 988 990 992 994 996 998 1000



R

S



SAT - CHINA BASIN - 185 BERRY ST
RADIOLOGY CHINA BASIN CT
185 Berry St
San Francisco CA 94107-1705

Imaging Result

**Conserva, Max
Fabrizio**

41998318
Male, 2/2/1981
415-517-6774
Outpatient

Primary Care Provider: Wrenn, Katherine
Authorizing Provider: Kirstina Marie Olson
Attending Provider:
Ordering Provider: Patrick Horst

Recipient Address:

Additional Recipients:

Procedure(s) Performed:	Exam Date:	Exam Time:	Result Status:
CT Lower Extremity without Contrast, Bilateral	09/04/2014	8:38 AM	Final

RIGHT LOWER EXTREMITY CT

INDICATION: 33 year-old man with chronic fractures of the right lower extremity

COMPARISON: Radiographs 08/19/2014

TECHNIQUE: Axial noncontrast CT from the pelvis to the toes was acquired at 1.25 mm. Sagittal And coronal formations are also provided.

RADIATION DOSE INDICATORS: MAX FABRIZIO CONSERVA received one exposure event(s) (excluding scout) during this CT study. The CTDIvol was 9.2 (mGy) and the TOTAL DLP was 1097.8 (mGy-cm).

The dose indicators for CT are the volume Computed Tomography Dose Index (CTDIvol) and the Dose Length Product (DLP), and are measured in units of mGy and mGy-cm, respectively. These indicators are not patient dose, but values generated from the CT scanner acquisition factors. Individual patient doses calculated from these values will depend on patient size and can substantially underestimate or overestimate the actual dose. For additional information on radiation dose, safety, and protection in the UCSF Department of Radiology and Biomedical Imaging, please refer to one of our FAQ leaflets on "Computed Tomography (CT)" or go to <http://www.radiology.ucsf.edu/patients/radiation>.

FINDINGS:

BONES: No acute fracture or dislocation. Abandoned screw tract in right

subtrochanteric femur. Relative osteopenia of the right lower extremity. Chronic fracture deformity of the distal right femur with secondary remodelling of the patella and tibial plateau. The lateral aspect of the femur and tibia are more affected. Secondary degenerative changes characterized by cystic change and subchondral sclerosis. Chronic fracture deformity of the right ankle With remodeling of the tibiotalar joint and associated degenerative subchondral sclerosis and cystic change. Additionally, there are mild degenerative changes in the midfoot.

SOFT TISSUES: Marked atrophy of the right lower extremity musculature. Subcutaneous soft tissues are grossly unremarkable.

OTHER: Limited evaluation of the pelvic viscera is also unremarkable.

IMPRESSION:

Chronic fracture deformities of the right knee and ankle with secondary degenerative change in the knee, ankle, and midfoot. Associated diffuse right lower extremity muscle atrophy.

END OF IMPRESSION:

Final Result Signed By: Matthew Dwayne Bucknor, MD on 9/4/2014 5:13 PM