

Office Visit - Apr 10, 2026

with Robert Salk at Northern California Foot & Ankle Center

Notes from Care Team

This page contains your personal health information related to a specific office visit. ▾

Progress Notes by Robert Salk at 04/10/26 1011

I had the pleasure of evaluating and treating [REDACTED].
[REDACTED] is a 29 year old year-old male who presents with

ICD-10-
CM

1. Primary osteoarthritis of left ankle

M19.072

The pt is looking into receiving Supartz injections and was referred by Danny Chung. The pt had a talar allograft in 2012 in Syracuse NY. The pt has pain L ankle. He has had supartz injections, Oct and Dec 2025 that were very helpful. The pt notices pain with long periods of standing or running.

PAST MEDICAL HISTORY:

Medical conditions:

Medical History

No past medical history on file.

Medications: Current Medications

Medication	Sig
• sodium hyaluronate (SUPARTZ FX) 25mg/2.5mL Inj	Administer 2.5 mL intra-articularly once for 1 dose

No current facility-administered medications for this visit.

Surgical History: No past surgical history on file.

Social:

Allergies: Patient has no known allergies.

LOWER EXTREMITY PHYSICAL/NEUROVASCULAR EXAM:

Dorsalis Pedis and Posterior tibial pulses palpable bilaterally, Capillary Fill

Time < 3 secs bilaterally.

NEUROLOGICAL EXAM: No focal deficits. Sharp/dull discrimination intact.

DERMATOLOGICAL EXAM: Normal temperature, turgor and tone. No open lesions or macerations.

MUSCULOSKELETAL EXAM: Tenderness to palpation L ankle. Ankle joint, MTJ, and STJ range of motion wnl bilaterally. DTR wnl, muscle strength 5/5 in all four quadrants.

Fluoroscan: no fluoroscan performed or evaluated today

CT: cystic lesions medial talus.

ASSESSMENT:

1. Primary osteoarthritis of left ankle
S/p partial talus allograft

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I discussed the patient's presentation, pathophysiology and proposed treatment options.

Pt advised to avoid long-term running or high impact exercise. Rx supportz - pt will bring back to office for injection. Recommend icing and ankle support brace. Recommended appropriate shoe wear and advised patient to be in a more rigid sole-shoe. Recommended wearing athletic shoes in the house.

All questions were answered to patient's satisfaction. The patient demonstrated understanding of diagnosis and treatment plan and wishes to proceed with the recommendations as discussed. The patient will return to clinic in 2 weeks.

Sincerely,
Robert S Salk, DPM

