

Office Visit - Jul 30, 2026

with Robert Salk at Northern California Foot & Ankle Center

Notes from Care Team

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Progress Notes by Robert Salk at 07/29/26 0953

I had the pleasure of evaluating and treating [REDACTED].
[REDACTED] is a 30 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. The pt is doing overall better with his L ankle pain. He had some pain after long periods of standing at conference.

The pt relates Supartz injection 5/18/26 helped his L ankle. He noticed a sharp pain central ankle L, 4 days ago. He states know if is better.

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
- Inject 2.5 mL intra-articularly into the left ankle every 4 months.

Current Facility-Administered Medications

Medication

- Supartz FX Inj SOSY 25 mg

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. Suppartz 2ml injection L ankle guided injection last visit. Icing modalities described. The patient was educated to ice 20 minutes on 20 minutes off and 20 minutes on and repeat this several times a day. The patient was further educated on elevating lower extremity.

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 PRN.

Sincerely,
Robert S Salk, DPM

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