

Suspected acute Charcot foot - urgent referral



Assume that today's date is 22 October 2026. You saw Mr Kovalenko in your clinic this morning. You are a podiatrist working at a community podiatry clinic. Using the information in the case notes, write a letter to Ms Liezl Mazur, Podiatrist at the Multidisciplinary High-Risk Foot Service, referring Mr Kovalenko for urgent triage (within one working day) and specialist assessment. Address the letter to Ms Liezl Mazur, Podiatrist, Multidisciplinary High-Risk Foot Service, Outpatient Clinic B, 45 Park Road. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

- | | I | C | O |
|---|--------------------------|--------------------------|--------------------------|
| 1. Name: Mr Peng Kovalenko | ☐ | ☐ | ☐ |
| 2. DOB: 14/03/1974 (52 yrs) | ☐ | ☐ | ☐ |
| 3. Address: 7 Banksia Street | ☐ | ☐ | ☐ |
| 4. Booked for routine 3-monthly high-risk foot review; seen today 22/10/26 with new problem | ☐ | ☐ | ☐ |

Social background

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|---|--------------------------|--------------------------|--------------------------|
| 5. Warehouse supervisor: on his feet most of 8-hr shift | ☐ | ☐ | ☐ |
| 6. Lives with wife and 2 teenage children | ☐ | ☐ | ☐ |
| 7. Drives to work (automatic car) | ☐ | ☐ | ☐ |
| 8. Enjoys fishing at weekends | ☐ | ☐ | ☐ |
| 9. Wife phoned clinic: says pt is 'too stubborn to ever rest' and 'only cares about work' | ☐ | ☐ | ☐ |
| 10. Ex-smoker (quit 2015); alcohol 2–3 std drinks/wk | ☐ | ☐ | ☐ |

Medical history

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|---|--------------------------|--------------------------|--------------------------|
| 11. T1DM since age 14 (38 yrs); basal-bolus insulin; HbA1c 8.6% (09/26) | ☐ | ☐ | ☐ |
| 12. Peripheral neuropathy: loss of protective sensation both feet (10 g monofilament) | ☐ | ☐ | ☐ |
| 13. Diabetic retinopathy: laser treatment 2021, stable | ☐ | ☐ | ☐ |
| 14. Microalbuminuria: on ramipril | ☐ | ☐ | ☐ |
| 15. Appendicectomy 1995 | ☐ | ☐ | ☐ |
| 16. Allergies: penicillin (rash) | ☐ | ☐ | ☐ |
| 17. L hallux neuropathic ulcer 2022: healed | ☐ | ☐ | ☐ |

Assessment 22/10/26

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|---|--------------------------|--------------------------|--------------------------|
| 18. C/O swelling R foot × 2/52; little or no pain; shoe feels tight | ☐ | ☐ | ☐ |
| 19. Twisted R foot stepping off kerb ~3/52 ago; continued working | ☐ | ☐ | ☐ |
| 20. R midfoot warm, red, swollen; skin intact; no ulcer or wound | ☐ | ☐ | ☐ |

Assessment 22/10/26

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|---|--------------------------|--------------------------|--------------------------|
| 21. Skin temp (infrared thermometer): R midfoot 2.8°C ↑ than same site L foot | ☐ | ☐ | ☐ |
| 22. Pedal pulses palpable bilat; CRT < 3 sec | ☐ | ☐ | ☐ |
| 23. No obvious deformity; arch profile similar to L | ☐ | ☐ | ☐ |
| 24. Afebrile (36.8°C); no lymphangitis; no calf tenderness | ☐ | ☐ | ☐ |
| 25. Pt says GP 'brushed it off as a sprain' last wk; very unhappy with practice | ☐ | ☐ | ☐ |

Treatment/Progress

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|--|--------------------------|--------------------------|--------------------------|
| 26. Impression: suspected acute Charcot neuroarthropathy R midfoot | ☐ | ☐ | ☐ |
| 27. Removable knee-high offloading walker boot fitted + crutches; advised to minimise weight bearing | ☐ | ☐ | ☐ |
| 28. Advised: wear boot at all times (day and night) pending urgent specialist review; remove only for hygiene/skin checks, without bearing weight on R foot; check both feet daily for skin damage | ☐ | ☐ | ☐ |
| 29. Advised not to drive while wearing boot on R foot | ☐ | ☐ | ☐ |
| 30. To see GP re: time off work / medical certificate | ☐ | ☐ | ☐ |
| 31. GP informed by phone today | ☐ | ☐ | ☐ |

Plan

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|--|--------------------------|--------------------------|--------------------------|
| 32. Urgent referral to MDT high-risk foot service sent today 22/10/26 → triage within 1 working day; then assessment, imaging (X-ray R foot; further imaging e.g. MRI if X-ray normal) and definitive immobilisation (e.g. total contact cast) | ☐ | ☐ | ☐ |
| 33. Pt told: if skin breaks down or signs of infection → attend ED same day | ☐ | ☐ | ☐ |
| 34. Phoned foot service today: referral discussed, urgent triage confirmed; if appt not confirmed by next working day → escalate via local urgent pathway | ☐ | ☐ | ☐ |