

development of calluses and skin breakdown. He indicated that his employer was supposed to provide a floor mat in this area and did not do so. He indicated in working a 12-hour shift that the symptoms in the distal right foot developed and over time have worsened.

He reported when seen in this office that he had not been seen by a medical provider to have an evaluation regarding the symptoms affecting the distal right foot. He reported that he felt that the range of motion of the right foot, ankle, and toes was satisfactory. He reported that he has calluses on the distal right foot over the plantar surface of the right great toe, right 1<sup>st</sup> metatarsophalangeal joint, and the right 5<sup>th</sup> metatarsophalangeal joint that were not present and not symptomatic predating the date of injury event. These areas continue to be painful. These areas because of the pain and discomfort cause him to have difficulty ambulating even short distances.

GENERAL HEALTH: When questioned as to whether his general health was good, fair, or poor, he indicated that he was in fair health.

ALLERGIES: None.

MEDICATIONS: Insulin. He reported that he was also using a medication to treat high blood pressure, a blood thinner, and a baby aspirin. He did not know the names of the medications that he was using as a blood thinner and the blood pressure lowering agent.

INJURIES, OPERATIONS, AND ACCIDENTS: None except as stated.

SOCIAL ENVIRONMENTAL HISTORY: He reported that he obtained a GED. He lives in his home with his wife whom he indicated is in good health.

EXAMINATION: Mr. Rakestraw presented as a well-developed, well-nourished male who was alert, cooperative, and pleasant. The weight was 267 pounds, height 71 1/4 inches; both measurements being made without shoes. He reported that he was right upper extremity dominant. His gait and station demonstrated a right sided limp.

In directed assessment of the lower extremities, the deep tendon reflexes at the knee and ankle could not be elicited on either side with reinforcement and repetitive testing.

The strength in the lower extremities was manually tested.

The strength of the extensor hallucis longus bilaterally was 100% of normal. The strength of toes 2-5 on the right and left sides was 100% of normal. The strength of the flexors and extensors at the ankle level bilaterally and the strength of the flexors and extensors at the knee level bilaterally was 100% of normal.

The thighs, measured 8 inches above the tibial tubercle, were 18 3/4 inches in circumference on the right, 17 1/2 inches in circumference on the left. The calves, measured 3 inches below the tibial tubercle, were 14 1/4 inches in circumference bilaterally. The mid malleolar measurement was 10 inches in circumference bilaterally. The arch of the foot measurement was 8 1/2 inches in circumference on the right, 8 3/4 inches in circumference on the left.

This medical record documents worsening injury, abnormal gait, pain, and difficulty walking, and states the employer failed to provide required floor mats. These serious findings were recorded early, yet my attorney never explained that the same facts supported legal claims beyond workers' compensation. I relied on counsel to inform me of my rights, and his failure to do so delayed my discovery of those claims, supporting equitable tolling.