There was callus formation on the plantar surface of the right great toe. This area had recently bled. There was a callus at the right 1st metatarsophalangeal joint on the plantar surface and on the 5th metatarsophalangeal joint on the plantar surface. The calluses on the 1st and 5th metatarsophalangeal joints showed no indication of a recent bleed.

Using a tuning fork, he had +/- perception to vibration over the right and left great toes. He had somewhat better perception to vibration over the malleoli and patella on the right and left sides.

Using a Wartenberg wheel on the lower extremities medially and laterally from the groin to the arch of the foot, he reported equal sensory perception to pin prick comparing the right to the left lower extremity.

Using a Wartenberg wheel on the dorsums of the feet, he reported decreased sensitivity to pin prick affecting all toes of both lower extremities.

I deferred having him do heel, toe, and tandem walking, a deep knee bend, and a bounce test due to the severity of the pain and discomfort that he has in the distal right foot.

CONCLUSIONS: The prevailing factor for the right foot callus formation on the plantar surface of great toe, plantar surface of the right 1st metatarsophalangeal joint, and the plantar surface of the right 5th metatarsophalangeal joint is the date of injury event that occurred on or about March 28, 2024.

Mr. Rakestraw has not achieved maximum medical improvement.

Mr. Rakestraw should be seen by a podiatrist as soon as possible. He will require careful management by a podiatrist to attempt heal to the callus sites. He will require specialized foot gear to protect the distal right foot.

Pain and discomfort affecting the distal right foot, if permitted by a care provider, could be treated with a therapeutic dosing schedule of a proprietary nonsteroidal anti-inflammatory medication such as Celebrex or Mobic. The cost of using one or the other of these proprietary nonsteroidal anti-inflammatory medications in a therapeutic dosing schedule would be approximately $60 to $75 per month. Long term use of a therapeutic dosing schedule of a proprietary nonsteroidal anti-inflammatory medication should be supervised by a care provider for possible deleterious side effects which can occur affecting the kidneys, liver, and/or gastrointestinal tract. Quarterly office visits and laboratory assessments are needed in such circumstances. The cost of such management would be approximately $700 per year. Such management should be continued as long as the use of a proprietary nonsteroidal anti-inflammatory medication does reduce the pain and discomfort affecting the distal right foot.

Based on examination findings and history when seen in this office, Mr. Rakestraw due to the pain and discomfort affecting the distal right foot and toes is capable of lifting 20 pounds on an occasional basis and 10 pounds on a frequent basis. He should avoid walking on the right foot as much as possible. He is able to stand on his feet for approximately 5 minutes before pain and discomfort affecting the right foot and toes would cause him to wish to get off his feet. He is able to walk less than one block before pain and discomfort affecting the distal right foot would

This medical report conclusively tied my injury to a specific workplace event and documented ongoing disability requiring specialist care, yet my attorney confined the matter to workers' compensation and told me I had no other claims, preventing me from discovering additional legal rights and supporting equitable tolling.