

RE: Donavan Rakestraw

12/16/2024

Time in current position: 4 months.

PAST MEDICAL AND SOCIAL HISTORY

Past medical history was reviewed with the patient.

COMMENTS ON HISTORY OF PRESENT ILLNESS

The patient is here at the request of legal counsel specifically to address causation of this patient's right foot pain and sores that he developed while working with the referring employer, Hershey's/DOTS Pretzels.

The patient reports that the foot injury was caused by his normal job duties being changed back in late March 2024 from a forklift driver to a "special area" that required him to stand for 12 hours. He states that the floor he was required to stand on was cement and the employer did not provide mats or safety pads. Days later, in early April, he states he developed significant pain and sores over his right foot. The sores developed into open wounds that have taken many months to heal. During that time, he has not been able to work due to the pain. He denies a previous history of such pain or sores over either foot. Relevant PMHx is noted.

He shows pictures on his phone today of the sore that developed over the right foot. It appears to be an ulcerative wound over the plantar surface of the 5th MTP joint.

An IME was performed at a separate facility and the note from that evaluation is scanned to the EMR for reference.

HISTORY OF PRESENT ILLNESS

Donavan's primary problem is pain located in the right foot. The problem began on 03/28/24. State of Injury Location: Kansas.

CHIEF COMPLAINT

Right foot injured.

PATIENT DESCRIPTION OF ACCIDENT

Patient is here for right foot pain and sores.

VITAL SIGNS

Height (inches): 71.

Weight (lbs): 254.

BMI: Obese (35.4).

Blood Pressure: 150/100.

Pulse Rate (per min): 103.

Respiratory Rate (per min): 14.

Ear Temperature (°F): 99.

Pulse Oximetry: 97.

Checked in by: Eduardo A Fernandez.

EXAMINATION

Constitutional: No apparent distress, pleasant, cooperative. He appears to be healthy, well-groomed.

Skin: Inspection shows no bruising or swelling. There is significant callus present over the heel, medial and plantar surface of the great, plantar surface of the 1st, 5th MTP joints of the right foot.

Cardiovascular: Pulse and blood pressure is documented above. Dorsal pedal and posterior tibial pulses are weak but the skin appears normal color and capillary refill at the toes and mid foot is slightly slowed.

Lungs: Breathing effort is normal. Wheezing is not present.

Neurological: DTR's 1/4 and symmetric at the patella and 0/4 and symmetric at the Achilles. No tremor present. Normal strength against resistance. Light touch sensation is abnormal. There is loss of sensation to light touch and discrimination between soft and sharp sensation over the right foot and lower half of the lower leg ("stocking distribution"). No deficits observed otherwise.

Psychiatric: Emotional expressiveness is normal. Judgment is intact, appropriate. Normal mood, affect.

IMAGING STUDIES

Number of views: 3 views were taken of the right foot.

By December 16, 2024, the injury no longer presented as an acute or visibly alarming condition, despite months of untreated harm and functional loss. This examination, arranged and controlled by counsel, was never explained to me in a way that disclosed its legal significance. I was affirmatively told workers' compensation was my only remedy. With the visible injury gone and the critical facts buried in medical terminology, I had no reason to know my legal rights had been violated, constituting delayed discovery and mandating equitable tolling.