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When seen in this office on June 25, 2025, Mr. Rakestraw reported that he continues to have pain and discomfort affecting the distal right foot. On examination, he had clinical findings as a consequence of the date of injury event consistent with metatarsalgia and plantar fascitis affecting the right foot. He had plus/minus findings on the left side consistent with plantar fascitis. He had pain and discomfort in palpation over the right 2<sup>nd</sup> and 3<sup>rd</sup> metatarsals. He had no pain or discomfort in palpation over the left foot metatarsals.

RATINGS: The prevailing factor for the distal right foot metatarsalgia and the right plantar fascitis is the date of injury event that occurred on March 28, 2022.

Using the 6<sup>th</sup> edition (2<sup>nd</sup> or later printing) AMA Guides to the Evaluation of Permanent Impairment, the impairment rating due to the right foot metatarsalgia and plantar fascitis from Table 16-2, page 501, from Class 1 for "soft tissue" is 2% of the right lower extremity at the ankle level or 3 % of the right foot using the Grade Modifier Tables, Tables 16-6, 16-7, 16-8 and the Net Adjustment Formula.

Considering the instructions in the Kansas Supreme Court Decision rendered in January of 2021 under Docket Number 117,725, it is indicated that the 6<sup>th</sup> edition AMA Guides, is "merely a guide...." and that "the Sixth Edition could be reasonably be interpreted as a guideline rather than a mandate".

Thus, using the 6<sup>th</sup> edition AMA Guides impairment rating as a starting point, the impairment rating that more adequately represents the residuals of the injury affecting the distal right foot and due to the plantar fascitis based on my training, background, and experience in doing impairment ratings, the medical records made available for review and his current history and physical examination findings, the impairment rating is 5% of the right lower extremity at the ankle level or 7% of the right foot.

The 5% impairment rating of the right lower extremity at the ankle level or the 7% impairment rating of the right foot is more equitable in that it considers the severity of the pain and discomfort, range of motion limitations, and weakness affecting the right 2<sup>nd</sup>-5<sup>th</sup> toes as these factors would impact on the ability to perform activities of daily living and work related tasks.

These impairment ratings are in conformance with the Kansas Supreme Court Decision rendered in January of 2021 under Docket Number 117,725. These impairment ratings are offered using reasonable medical judgment.

CONCLUSIONS: I believe Mr. Rakestraw's condition is stable. I do not believe further diagnostic or therapeutic intervention at this time is warranted. Mr. Rakestraw has achieved maximum medical improvement.

Although Mr. Rakestraw has achieved maximum medical improvement, it is more probably true than not that additional medical treatment provided or prescribed by a licensed care provider will necessary in the future.

This report assigns a permanent impairment rating and declares maximum medical improvement while simultaneously acknowledging ongoing pain, functional limitations, and the likelihood of future medical treatment. These findings were never disclosed or explained to me by my attorney. By withholding this report and its legal significance, counsel prevented me from understanding the permanence of my injury, the existence of impairment ratings, and the impact on non-workers' compensation claims, directly delaying discovery and supporting equitable tolling.