

E. FRIEDEL & C. HINKES, M.D., P
PHILIP L. SCHNEIDER, M.D.

Orthopedics, Arthroscopy, and Spinal Surgery

ELLIOTT J. FRIEDEL, M.D.
Diplomate, American Board of
Orthopedic Surgery

CLIFFORD HINKES, M.D., FAAOS
Diplomate, American Board of
Orthopedic Surgery

PHILIP L. SCHNEIDER, M.D.
Fellow, Spinal Surgery
Orthopedic Surgery

MAIN OFFICE:
4701 Randolph Road
Suite G5
Rockville, Maryland 20852
(301) 981-8868
* * * * *
Fax No: (301) 816-9262

FORBES S. COUP

December 6, 1990

IME --- Douglas A. Datt, Attorney

HISTORY:

Forbes Coup is a 36-year old man referred today for an Independent Evaluation.

Mr. Coup was injured in a black powder explosion December 16, 1988. This occurred on a camping trip out of town.

Mr. Coup suffered an injury to the heel in the accident. The explosion caused a soft tissue injury to the left heel. In addition, the explosion caused a minor superficial skin and soft tissue injury to the right thigh and to the right eye.

Mr. Coup was initially taken to Davis Memorial Hospital in Elkins, West Virginia. He was admitted by Dr. Stephen Lester. Dr. Lester evaluated Mr. Coup and took him to surgery for debridement and irrigation of the soft tissue injury to the left heel. Skin and soft tissue loss and subcutaneous tissue was noted and debrided. Postoperatively, Mr. Coup was evaluated on the floor and kept as an in-patient for two days in the hospital. The wound of the heel was packed open to heal through secondary intention. While in the hospital, Mr. Coup was also evaluated by an ophthalmologist for conjunctivitis of the right eye which cleared rapidly. In addition he was given first aid for the right thigh soft tissue wound.

Mr. Coup then returned to the Maryland area and was seen and evaluated by the doctors at Kaiser Permanente. The wound on transfer to care at Kaiser was measured as being 2 cm. x 5 cm. x 1 cm. deep. It was treated with soft tissue dressing changes and evaluated by the orthopedic surgeons in the Kaiser Permanente office. The wound granulated well and no skin graft was needed. Mr. Coup did well with orthopedic treatment and the wound entirely healed. The treating physician, Dr. Stephen Shapiro, noticed some residual complaints such as pain on jumping and turning, but noted Mr. Coup was able to work full-time. He missed approximately 11 weeks of work following the injury. Dr. Shapiro rated Mr. Coup as having a 5% disability of the left foot in an office visit of December 20, 1989. Mr. Coup was last seen by Dr. Shapiro in the office on October 31, 1990 and the residual problems, including a scar and soft tissue loss was noted. Dr. Shapiro recommended a shoe and foot orthotic.

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Currently, Mr. Coup is working full-time, full-duty and doing well. He does have some residual symptoms such as pain when he is active. He is able to walk and do routine activities of daily living, but has some pain and irritation which he describes as an achiness on sports and other more vigorous activity.

Past history is positive for a left knee meniscectomy in 1976, and a left knee ligamentous injury in 1987. These healed well with treatment.

Currently, Mr. Coup takes no medications.

PHYSICAL FINDINGS:

Physical examination of the left foot shows that there is a scar in the medial aspect of the heel approximately 7 cm. long. There is some soft tissue loss of the heel subcutaneous tissue and some asymmetry in that area. The heel pad is somewhat more moveable than normal, which would indicate loss of the normal structural septae. There is normal subtalar motion, however, which is equal bilaterally. There is normal ankle motion, which is also equal bilaterally at 10° dorsiflexion, 50° plantar flexion. There is no atrophy. Each calf measures 46 cm. Pulses are intact in each foot. The ankle and knee reflexes are intact. Myotomes and dermatomes are intact.

The small scar of the right thigh has healed well without problem, although there is a minimal skin scar. The conjunctivitis has cleared without gross residual abnormality.

X-rays are reviewed from December 1988. The soft tissue defect is noted. There is a pre-existing calcaneal spur noted. There is additionally some calcification and spurring noted near the insertion of the Achilles tendon on the calcaneus in addition.

DIAGNOSIS: Gunpowder injury with soft tissue injury, right heel,
with residual soft tissue loss.

OPINION:

I have evaluated Mr. Coup carefully today and reviewed pertinent medical records.

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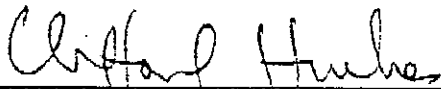
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Currently, Mr. Coup suffers from some aches and pains and irritation secondary to the injury of December 1988. He has lost some of the soft tissue of the heel pad and lost some of the supporting structure and shock absorbing function of the heel pad. He is, however, able to work full-time and full-duty despite that.

In my opinion, Mr. Coup suffers from a 5% disability of the entire left foot from the problems as described in the chart above.

Mr. Coup has reached maximum medical benefit and no further medical care is needed. No medical care in the future is anticipated.



Clifford Hinkes, M.D.

CH/mh

c: Douglas A. Datt, Attorney