

July 25, 2006

RE: _____, _____

DOB:

SSS#:

To Whom It May Concern:

This is narrative summary on Mr. _____, who has been coming to Stout Street Clinic since January 2002, and is very well-known to both myself and the clinic. The records for this dictation that were used include the Stout Street Clinic records and voluminous records from Denver Health Medical Center.

Mr. _____ has not done work to a significant degree since 1995 when he was a fund collector from the Democratic National Committee, and this was a short-term job. Previously, he was working in a box factory from 1993-1994 which he quit because of a hip fracture. He has had many temporary jobs prior to that. He works for Fuller and Company doing commercial real state back in the 1990s.

Currently, Mr. _____ notes problems with multiple left lower extremity fractures and surgeries with subsequent pain, and also with right lower extremity pain. These are all limiting in his ability to do any substantial gainful activity.

Mr. _____ also notes symptoms of depression which wax and wane, and are not completely ameliorated even by his long-term medication regimens. He does note passive suicidal ideation, continued increased crying spells, decreased energy, variation in his appetite which is often decreased, and usually experiences very poor sleep except when he then sleeps at great length. He notes that he is more forgetful than previously as well.

He notes that his pain is especially in his left knee, left hip, left ankle and that he can walk only with a limp and significant pain. He is unable to go to physical therapy because he cannot afford the co-pays that are charged in order to do rehabilitation of his left knee and hip.

Mr. _____ has had a right total knee replacement due to degenerative joint disease. He suffered a left hip fracture requiring open reduction and internal fixation in November 2004. Additionally, he had a left femur fracture in February of 2006 after falling out of bed. This also revealed that Mr. _____ has osteoporosis.

Mr. _____'s current medications are:

1. Ibuprofen 800 mg 1 p.o. t.i.d. with food p.r.n. pain, Tylenol 500 mg 1-2 p.o. t.i.d. p.r.n. pain.
2. Hydrochlorothiazide 50 mg/triamterene 75 mg 1 p.o. daily.
3. Antabuse 250 mg 2 pills each Monday, Wednesday and Friday.
4. Lexapro 30 mg 1 p.o. daily.
5. Ambien 10 mg 1 p.o. at bedtime.
6. Trazodone 200 mg 1 p.o. at bedtime.
7. Cardura 4 mg 2 p.o. at bedtime.
8. Calcium and Vitamin B 600 mg 1 p.o. b.i.d.
9. Fosamax 70 mg 1 p.o. q. week.
10. Tylenol #3 1 p.o. t.i.d. p.r.n. severe pain.

On physical exam today, on July 25, 2006, Mr. _____ is pleasant and demonstrates no signs of thought disorder. He has a subdued mood especially when discussing depression symptoms. He has a very significant antalgic gait. It is very difficult for him to transfer from the chair to the examination table and back secondary to pain. It appears that he is exerting maximal effort during this transfer.

He has significant pain with range of motion of his left knee. being able to bend the knee to approximately 90 degrees and can straighten it to 180 only with pain. He is tender to palpation around the knee.

He also has significant pain with range of motion of his hip with both internal and external rotation which are limited by about 20 degrees in each direction. He has limited flexion of his hip to about 110 degrees before the onset of pain.

Denver Health Medical Center records confirmed that Mr. _____ has had his left hip fracture, left femur fracture and knee surgery. His DEXA scan on April 18, 2006 show osteopenia and osteoporosis on examination of his AP spine, femoral neck and total hip.

Mr. _____'s current diagnoses include:

1. Osteoporosis.
2. Left hip fracture requiring ORIF in 11/04.
3. Left femur fracture with ORIF in 03/06.
4. Alcohol dependence.
5. Nicotine dependence.
6. Erectile dysfunction.
7. Increased PSA currently under evaluation.
8. Hypertension.
9. Left knee and left ankle pain.
10. Major depressive disorder being treated without marked success as noted above.

Mr. _____ has not used alcohol in 6 weeks and it is clear to me that it does not contribute to his disability.

Given Mr. _____'s chronic pain syndrome, his major depression which is recurrent, and being status post multiple surgeries including knee replacement, left hip fracture, and left femur fracture, it is clear that all these conditions render him incapable of any substantial gainful activity for at least 2 years and possibly for life. His disability onset has been since at least 2001 given the nature of his depression, prior injuries, and degenerative joint disease.

Please also refer to the medical source statement of ability to do work-related activities by Dr. A. B. Willett done on 04/26/06 which delineate further Mr. _____'s mental health condition.

Please do not hesitate to contact me if you have any questions. Thank you for your interest in Mr. _____.

Sincerely,

Ed Farrell, M.D.