



RE: _____

SS #:

Date: July 7, 2009

To Whom It May Concern:

This is a narrative regarding Mr. _____, who is 50 year-old male who has been coming to Stout Street Clinic since January, 2009.

Mr. _____ suffered a right ankle fracture when he fell approximately ten feet in 2007, after which he required an external fixator device, specifically an Ilizarov frame, for 3 months. Additionally, he had an automobile on pedestrian accident in August, 2008.

Since that time, he has had chronic, debilitating pain in his right foot and ankle, which prevents him from walking without pain, and prevents him from working.

On physical exam today, his right lower extremity has mild swelling, very significant tenderness to palpation, especially at the lateral malleolus, and ROM is very limited, five degrees at most. He is able to walk only very slowly and with pain and an antalgic gait.

His right ankle X-Ray in January of 2009 shows decreased bone mineralization, marked tibia- talor osteoarthritis, and evidence of prior fractures with trimalleolar injury. He has been seen by orthopedics, and they confirm that Mr. _____ has end-stage degenerative joint disease, and they have recommended joint fusion.

I believe that it is clear Mr. _____ meets the equivalent of Listing of Impairment 1.02, Major dysfunction of a joint(s), given that he has gross anatomical deformity consisting of ankylosis, chronic joint pain and stiffness with limitation of motion, and destructive bone appearance of the subtalar joint on MRI. This results in a severe inability to ambulate effectively.

Mr. _____ is alcohol dependent, which does not contribute in any way to this musculoskeletal disabling condition. I believe that he would benefit from having a payee, at least initially, if he is indeed awarded benefits.

Please do not hesitate to contact me if you have any questions.

Sincerely,

Ed Farrell, M.D.
Phone #: (303) 285-5284

Ed/Letters-client/SSI Letters/ _____ 7-09

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