

SETTLEMENT DEMAND PRIVILEGED/CONFIDENTIAL COMMUNICATION

DATE: ____

Addressee:

Our Client : XXXXXX
Your Insured :
Claim Number :
Date of Loss : MM/DD/YYYY

Dear ____:

This office represents XXXXXX concerning the injuries she suffered from a fall incident that occurred because of the negligence of your insured on MM/DD/YYYY.

As particularly set forth below, please accept our client's settlement demand in the amount of \$____. This settlement offer shall remain open for 30 days from the date of this letter, through and including ____.

FACTS AND LIABILITY

On May 20, 2023, at 1115 hours, XXXXXX foot was run over by a pickup truck. She had been out for a run and had stopped at a crosswalk when the pickup truck turned the corner on a red light, resulting in the vehicle running over her right foot.

SUMMARY OF PHYSICAL INJURIES

As a result of the collision, XXXXXX sustained the following injuries:

- **Contusion of right foot**
- **Closed displaced fracture of anterior process of right calcaneus**
- **Pain in right foot**
- **Sprain of tarso-metatarsal ligament of right foot**
- **Pain in right ankle and joints of right foot**
- **Crushing injury of right ankle**
- **Neuropathic pain**
- **Neuralgia and neuritis**
- **Left leg weakness**
- **Tendinitis of left hip**

TREATMENT OF INJURIES

On May 20, 2023, XXXXXX presented to Bryan Medical Center (**Exhibit-1**) for evaluation by Hong Cui, M.D., following a traumatic injury to her right foot. Earlier that day, at approximately 11:15 a.m., while she was out running, a pickup truck turned a corner on a red light and ran over her right foot as she stopped at a crosswalk. She reported severe pain, swelling, and abrasions, rating her pain at 7 out of 10, and stated that she was unable to stand on the affected foot. She indicated that the incident had occurred in the street approximately three to six hours prior to the visit. Her pain was localized to the right foot and ankle and was aggravated by weight bearing, palpation, and movement. She had attempted ice and NSAIDs for symptom relief, which provided only improvement. Physical examination revealed swelling, tenderness, and visible signs of injury to the right foot. Major skin abrasions were also observed on the right leg. She was diagnosed with a contusion of the right foot, sprain of the right ankle, and skin abrasions. X-rays of the right foot and ankle were performed and reviewed. She was advised to use over-the-counter NSAIDs for pain and discomfort and a topical antibiotic for the skin abrasions. The RICE (Rest, Ice, Compression, Elevation) protocol was recommended. She was instructed to monitor symptom progression and to return to clinic or follow up with her primary care provider if symptoms did not improve within 7 to 10 days.

On May 30, 2023, XXXXXX was evaluated by Ritoo Jain, M.D., at Lincoln Internal Medicine (**Exhibit-2**) for persistent right foot and ankle pain following a recent pedestrian traffic accident. She reported continued pain and tenderness despite the absence of fractures on initial imaging performed at urgent care. Examination revealed tenderness at the lateral malleolus, visible tire and scratch marks on the left inner calf, and swelling and bruising on the top of the right foot. redness and inflammation were also noted in the affected area. Dr. Jain assessed Ms. Holding with right foot pain secondary to accident and recommended an MRI of the right ankle and foot with and without contrast to evaluate for possible tendon injuries. She was scheduled to follow up for a routine wellness visit on May 6, 2024.

On June 04, 2023, XXXXXX underwent an MRI of her right foot and right ankle at Nebraska Orthopaedic Center, PC, (**Exhibit-3**) following persistent lateral right ankle and foot pain due to a vehicular injury sustained two weeks earlier. The MRI of her right foot revealed a fracture involving the plantar lateral base of the first metatarsal. There was a moderate-grade partial tear and sprain of the Lisfranc ligament complex, without full-thickness disruption or malalignment. Additional findings included edema along the medial cuneiform and distal aspects of the second, third, and fourth metatarsals, consistent with bone contusions. Evidence of soft tissue injury included peroneal tenosynovitis with a subtle longitudinal split tear of the distal inframalleolar peroneus longus tendon and reactive soft tissue intramuscular edema and stranding about the mid-foot. A possible low-grade strain of the extensor digitorum brevis muscle was also identified. The MRI of her right ankle revealed an intra-articular, non-displaced fracture involving the anterior process of the calcaneus, with associated bone marrow edema and enhancement. Additional fractures of the proximal first and second metatarsals were also noted, more clearly visualized on a concurrent foot MRI. While no acute ligament injuries were identified, a chronic high-grade, potentially complete tear of the anterior talofibular ligament was present. There was evidence of peroneal tenosynovitis with a possible subtle longitudinal split tear just proximal to the plantar course.

On June 22, 2023, XXXXXX underwent an initial physical therapy evaluation at Madonna Hospitals Lincoln (**Exhibit-4**) with Doug Tvrdy, PT, following a right calcaneal and metatarsal fracture sustained in a vehicular accident in late May 2023. She reported right foot and ankle pain with paresthesia

over the right anterior shin. Pain was rated at 3 out of 10 with activity and 0 at rest. She was ambulating with a knee scooter and wearing a fracture boot, weight bearing as tolerated. Examination revealed reduced active range of motion in the right ankle and decreased lower extremity strength compared to the left. Notable deficits were observed in dorsiflexion, eversion, and inversion, confirmed by both goniometric and dynamometric measurements. edema was present in the right lower extremity compared to the left. Physical therapy was recommended three times per week for ten weeks to address impairments in balance, mobility, pain-limited function, range of motion, strength, and participation in life roles. Treatment was to include gait training, therapeutic exercise, functional mobility work, and a structured home program.

On August 1, 2024, XXXXXX underwent an initial evaluation by Henri Prieels, PT, at Jorgensen Physical Therapy Group (**Exhibit-5**) for right foot neuralgia and neuritis. She continued to experience numbness, tingling, and a pressure sensation along the lateral aspect of her right ankle and foot, particularly when weight-bearing or exercising. when she was struck by a truck while running. Following immobilization in a boot and prior physical therapy, she had recovered strength and range of motion but continued to report altered sensation and discomfort. Her current pain rated as 6/10 and was aggravated by activity but improved with rest. She noted numbness in the second and third toes after running longer distances, though this had been slowly improving. On examination, decreased pinwheel and light touch sensation were noted from one inch above the lateral malleolus to the lateral foot. Fascial mobility was reduced in the malleolar region and along the Achilles tendon. Increased neural tension was elicited during a slump test involving right lower extremity knee extension with ankle plantarflexion and inversion. The therapist assessed that Ms. Holding would benefit from skilled physical therapy to address neural and fascial mobility, soft tissue tone, and her reduced tolerance to physical activity. The treatment plan included therapeutic exercises, neuromuscular reeducation, manual therapy (including myofascial release and deep friction massage), and patient education. Therapy was recommended at a frequency of two sessions per week for six weeks.

On September 10, 2024, XXXXXX presented to Shelby Bruening, PA., at Innovative Pain & Spine Specialists (**Exhibit-6**) for follow-up regarding her right foot neuropathic pain and numbness. At her previous visit, she had been prescribed duloxetine 30 mg daily, but discontinued it after two weeks due to cognitive side effects, including brain fog and difficulty concentrating. She had also been referred to Jorgensen Physical Therapy, where she reported significant benefit, particularly from the use of a TENS unit. She had been attending therapy sessions twice weekly and was pleased with the progress made. Ms. Holding described her current pain as intermittent numbness and tingling in the right foot. Her symptoms continued to improve and were aggravated only by walking or standing, while relieved by physical therapy and TENS unit use. She was able to complete a 6-mile run without issue, marking a notable return to higher levels of physical activity. In addition, she reported new concerns of weakness and reduced flexibility in her left thigh. Although these symptoms caused some functional restriction, especially during exercise, she remained highly active. The plan included continuing her current physical therapy for the right foot, while expanding the treatment to address left lower extremity and hip flexibility and strength, along with core strengthening. A new physical therapy referral was issued to address these concerns, and a follow-up appointment was scheduled for six weeks later.

From August 05, 2024 and September 16, 2024, XXXXXX attended multiple physical therapy sessions at Jorgensen Physical Therapy Group for management of right foot neuralgia and neuritis. Her

primary symptoms included numbness, tingling, and discomfort localized to the lateral aspect of the right foot and ankle. Over the course of these sessions, which were held twice weekly for six weeks, treatment focused on reducing neuropathic symptoms and improving functional mobility. Modalities included manual therapy, therapeutic exercises, and therapeutic activities aimed at restoring motor control, mobility, and strength. A StimPod neuromodulation device was also used for neuromuscular re-education.

MEDICAL EXPENSES

The medical expenses (**Exhibit-**) for treatment of the injuries XXXXXX suffered because of the collision/fall amounted to \$____. Copies of the medical bills are attached and itemized below:

Total Medical Expenses : \$_____

FUTURE MEDICAL EXPENSES

XXXXXX will require continued specialized care due to ongoing symptoms following a significant traumatic injury to her right foot and ankle, including neuropathic pain and left-sided musculoskeletal complications. Given the persistent nature of her symptoms, further follow-up with orthopedic and pain management specialists is warranted, as well as the possibility of future diagnostic imaging—particularly of the hip—should symptoms reoccur. She is also expected to require additional physical therapy to address lower extremity deficits, including strength and flexibility limitations in both the right foot and left hip. She will benefit from regular pain management consultations to monitor and adjust her neuropathic medication regimen, including alternatives to pregabalin (Lyrica), due to her history of intolerance to multiple medications such as duloxetine and gabapentin. Intermittent use of a TENS unit and conservative treatment modalities such as manual therapy and neuromuscular re-education will continue to support symptom control. Ms. Holding will also likely need specialized footwear and orthotic consultation to support ongoing mobility and prevent further stress or injury during physical activity. Additional referrals to physical medicine and rehabilitation specialists may be necessary to address long-term motor control, gait training, and mobility optimization. Should her symptoms of neuralgia and neuritis persist or worsen, further electrodiagnostic testing (repeat EMG/NCV) may be indicated. Additionally, continued monitoring of her vitamin D levels and nutritional status will be essential for musculoskeletal health and injury prevention. She may also require psychotherapy or behavioral support related to pain management and long-term functional adaptation, particularly if neuropathic symptoms remain chronic or impact her quality of life.

Orthopedic consultations and follow-ups	:	\$2,000.00 – \$2,400.00
Pain management consultations	:	\$1,800.00 – \$2,400.00
Repeat MRI imaging		
(left hip/right foot if symptoms persist)	:	\$3,500.00 – \$4,500.00
EMG/NCV studies		
(possible repeat lower extremity testing)	:	\$1,200.00 – \$1,600.00
Neuropathic medications		
(including pregabalin/Lyrica or alternatives)	:	\$1,200.00 – \$1,800.00
Physical therapy		

(right foot, left hip, gait/balance/core training)	:	\$2,400.00 – \$3,200.00
TENS unit and ongoing neuromodulation therapy	:	\$500.00 – \$800.00
Custom orthotics/special footwear consultations	:	\$800.00 – \$1,200.00
Nutritional supplements and lab monitoring (e.g., vitamin D)	:	\$400.00 – \$600.00
Behavioral or psychological support (if needed for chronic pain adaptation)	:	<u>\$600.00 – \$1,200.00</u>
Total Future Medical Expenses	:	\$14,400.00 – \$19,700.00

LIFESTYLE IMPACT

As a direct result of the May 20, 2023 motor vehicle accident, XXXXXX has endured—and continues to endure—significant physical pain, emotional distress, and a profound disruption to her daily life and overall well-being.

In the immediate aftermath of the incident, XXXXXX experienced excruciating pain, swelling, and visible injury to her right foot and ankle after being run over by a pickup truck while standing at a crosswalk. She was unable to bear weight on her foot, and initial imaging failed to reveal the full extent of her injuries, delaying definitive diagnosis and treatment. As her condition worsened, advanced imaging later revealed multiple traumatic injuries, including a displaced fracture of the anterior calcaneus, a partial tear of the Lisfranc ligament complex, peroneal tenosynovitis, and a crushing injury to the ankle—complications that led to prolonged and painful recovery.

Even months after the accident, XXXXXX continues to suffer from persistent symptoms, including numbness, tingling, and aching sensations in her right foot and lateral ankle. These neuropathic symptoms interfere with her ability to fully engage in physical activities she once enjoyed, such as running. She often experiences discomfort with standing, walking, and exercising—basic functions that now trigger reminders of her injury. Although she has resumed some physical activity, each step she takes may be accompanied by discomfort or concern about symptom recurrence.

XXXXXX pain and suffering extend beyond the physical. She has endured emotional strain, frustration, and anxiety surrounding her uncertain prognosis and her altered physical abilities. The trial and error of multiple medications—each bringing unwanted side effects such as brain fog, sedation, and gastrointestinal issues—have further disrupted her quality of life and sense of normalcy. At present, XXXXXX lives with intermittent neuropathic pain and sensory disturbances that limit her daily activities and participation in the active lifestyle she maintained prior to the accident. She is aware that these symptoms may not fully resolve and may become a chronic part of her life. Despite completing months of therapy, she continues to attend specialized rehabilitation and utilize pain management strategies to preserve her functionality.

Looking to the future, XXXXXX will likely face ongoing physical limitations and lifestyle adjustments. She may need continued physical therapy, specialized footwear, and possible future imaging and diagnostic testing should symptoms persist or worsen. She remains at risk for chronic neuropathic pain, permanent

sensory changes, and functional limitations that could impact her physical health, emotional well-being, and professional life.

Though she continues to demonstrate strength and determination in her recovery, XXXXXX is burdened with the knowledge that her injuries may never fully heal. The accident has permanently altered her sense of physical confidence, independence, and overall quality of life.

SUMMARY OF DAMAGES

Medical Expenses	:	
Future Medical Expenses	:	\$14,400.00 – \$19,700.00
Loss of Income	:	
Future Loss of income	:	
Lifestyle Impact/Loss of Activities	:	

CONCLUSION

Demand is hereby made for the sum of \$ _____. If this amount exceeds your insured's policy limits and any applicable excess policies, please provide the declaration page. XXXXXX will be responsible for any and all liens. This demand shall remain open for 30 days from this letter through and including _____.

Yours very truly,

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