

Life Care Plan

Prepared For:

Frederick Copper

Plan model is based on role and function research of life care planners conducted at Southern Illinois University and meets the certification criteria established by the Commission on Disability Examiner Certification

Certified Disability Examiner: Dave Lieberman, President

Life Care Plan Report

Dave Lieberman, President

SUMMARY PAGE

NAME: Frederick Copper

SOCIAL SECURITY NUMBER: 111-22-3333

DATE OF BIRTH: 3/23/43

DATE OF ONSET: 08/01/1999

DATE OF EVALUATION: 5/22/2006

DATE OF COMPLETED REPORT:

TOTAL TIME (Interview/Record Review, Care Plan Consultations-Research, etc.): 33 hrs.

DIAGNOSIS: Severe cervical stenosis with spondylosis and cord compression at C3-4; C4-5, and C5-6; Status post anterior cervical spur excision and fusion at C3-4, C4-5, and C5-6; Status post re-exploration of anterior cervical fusion with evacuation of intraspinal hematoma, removal of osteophytes, and placement of Atlantis plating system C2-5.

MMI: N/A

IMPAIRMENT RATING: N/A

PHYSICAL DEMAND LEVEL: Not applicable for competitive labor market consideration; Total loss of earning capacity and access to the competitive labor market.

Life Care Plan Report

Referring Party: Rod Sager, Esq.
Evaluation Location: May Physical Therapy Services, LLC
American Family Fitness Center Health Club
9101 Midlothian Turnpike, Suite 200
Richmond, VA 23235

Examinee: Frederick Copper
Date of Onset: 08/01/1999
Date of Evaluation: 5/22/2006

Medical Intake/History Review

I examined Mr. Copper in my office per the request of Rod Sager, Esq. for the purpose of determining Mr. Copper's impairment and functional capacity with regards to work.

MEDICAL RECORDS PROVIDED BY: Rod Sager, Esq.

CHIEF COMPLAINT AND SUBJECTIVE HISTORY OF PRESENT INJURY BY PATIENT:

Mr. Copper reports today status post C4 quadriplegic status post three level anterior cervical fusion, malalignment of cervical plugs, severe cervical stenosis with spondylosis and cord compression at C3-4, C4-5, and C5-6, status post anterior cervical spur excision and fusion at C3-4, C4-5, and C5-6, status post re-exploration of anterior cervical fusion with evacuation of intraspinal hematoma, removal of osteophytes, and placement of Atlantis plating system C2-5. This Certified Disability Examiner visited Mr. Copper at his home on 5/22/2000 and 8/29/2000 to ascertain any required home modifications as well as to assess his total living environment and his current medical regimen.

Mr. Copper states that he was experiencing some upper extremity sequelae and cervical pain while operating his cookie-making machine at FVV Bakery in August of 1999. He reported his

discomfort to his supervisor and saw Dr. Royale, family physician. Dr. Royale prescribed medication and asked for him to return if he experienced any improvement. Symptoms persisted such that he was experiencing some spasticity, and Dr. Royale referred him to Dr. Howe, neurosurgeon. Dr. Howe diagnosed his condition as severe cervical stenosis with spondylosis and cord compression at C3-4, C4-5, and C5-6. He recommended surgery and on 10/06/1999, he performed an anterior cervical spur excision and fusion at C3-4, C4-5, and C5-6 using one bank bone. Mr. Copper awoke in the recovery to learn that he had no feeling or movement of the upper extremities. He remained hospitalized until October 13 at which time his sister requested that he be transferred to the Medical College of Virginia for an additional evaluation and subsequent medical management. He was transferred as requested and the diagnosis CT scan revealed a large ventral defect which compressed the spinal cord severely. He came under the care of Dr. Bullock who performed a re-exploration of the anterior cervical fusion with evacuation of intraspinal hematoma, removal of the osteophytes and placement of the Atlantis plating system from C2-5. This surgery was performed on 10/14/1999. He remained hospitalized at MCV through mid-December at which time he was transferred to Sheltering Arms Rehabilitation hospital for outpatient rehabilitation. He came under the care of a physical medicine and rehabilitation physician with Sheltering Arms, upon discharge from this comprehensive program, came under the care of Dr. Kinkaid, physical medicine and rehabilitation at MCV who manages his rehabilitation program and remains his attending physician at this writing.

Discharge summary from his rehabilitation program at SARH is not available. However, while in this program, he was referred to the State Department of Rehabilitation Services, and was referred through this agency to Woodrow Wilson Rehabilitation Center (WWRC). He was admitted on April 3 of 2000 and was discharged on April 28, 2000. To summarize, his functional abilities in activities of daily living are presented in Table 1.

EFFECTS OF INJURY ON DAILY LIVING:

Totally dependent in all activities of daily living. He is incapable of toileting, ambulating, dressing, cooking, bathing, or caring for himself in any way. He can communicate independently. (See Table 1). He has the ability to operate a motorized wheelchair via chin controls, as demonstrated at WWRC. He was approved for a sip and puff wheelchair and was provided one, only to have it returned to the clogging of his control tube with saliva of which he had very little control. He was provided a second chair with chin controls, but due to the inaccessibility of his home, his wheelchair was returned to the manufacturer.

CURRENT PHYSICAL COMPLAINTS:

Mr. Copper noted some sensation in his fingers. He stated that he has regained some movement in his fingers as illustrated in Figure 9 and 10 below.

Please note that he was able to spread his fingers to some degree, and to flex his dip joints minimally.

Mr. Copper's chief complaint is that of nauseousness and a constant aching sensation in his left arm. He states that he feels pain constantly across his shoulders and neck. He noted significant stiffness in his neck coupled with constant aching. He documented a discomfort level of "8" out of 10, which 10 being the worst of all ratings.

PAST MEDICAL HISTORY:

Surgical History:	None
Past illnesses/injuries:	None
Prior on-the-job injuries:	None
Allergies:	None

FAMILY AND SOCIAL HISTORY:

Mr. Copper has been married for 32 years and has three children; one daughter - 30 years of age, one son 28 years of age, and another son 25 years of age. All children reside at home. His daughter and youngest son are unemployed. The youngest son stays with his father at night to turn him and provides care while his mother works the midnight shift at her job. The oldest son attends VCU and works as a security guard.

The family is Mr. Copper's chief support group. His mother lives two blocks away and he spends a lot of time there. His sister visits him almost daily and takes him to his mother's home at least three times per week.

CURRENT MEDICAL AND REHABILITATION SITUATION:

Mr. Copper is receiving home nursing visits at on day per week. Prior to his examiner's arrival, he had been seen by his home health nurse who cleaned and bandaged his ductibus ulcer (See Figure 1). He does not have any aids attending him at this writing. He is totally dependent on his wife and son for 24 hour care including the one day he is visited by the agency nurse. Regarding disability insurance, Mr. Copper has not applied for SSDI or SSI, nor has he applied for the disability insurance benefits offered by his company. He feels that he wants to wait since he is confident that he will eventually return to full functioning and to work. This examiner advised that they begin the application process immediately as a safety measure.

Mr. Copper has been denied further outpatient rehabilitation services at Sheltering Arms Rehabilitation Hospital because the insurance benefit provider stated that it is the provider's policy that no further therapy services are to be authorized once the patient has achieved maximum therapeutic benefit, or will not incur any positive changes in function as a direct result of continued therapy. Dr. Kinkaid, however, felt there was a medical need for continued treatment and therefore authorized it in spite of insurance policy.

Mr. Copper has a bedside bowel and bladder program since he does not have access to the bathroom. His bowel and bladder program is administered once every two days.

Mr. Copper visited Dr. Andrea Poziz on 9/12/2000. Dr. Poziz is a plastic surgeon and saw Mr. Copper specifically for his deubitus ulcer wound. This examiner does not have a report of this visit, and does not know its outcome.

Mrs. Copper states that she gets her husband out of bed every morning and puts him in his manual tilt wheelchair. She states that she transfers him manually to his chair from the bed. She noted that she gives him a sponge bath in the bed since the bathroom is not accessible.

FINANCIAL SUMMARY:

Conclusions

Careful consideration has been given to Mr. Copper's current diagnosis, medical records related to his injury, his overall medical history, allied health, rehabilitation and evaluation data. There is no doubt that Mr. Copper has sustained a severe and catastrophic handicapping condition secondary to C4 quadriplegia. He has not adjusted well to his condition/disability, and will require an extensive life care plan for long term management and support. Given that he is over one year post injury, it is highly unlikely that he will make any significant functional improvements in his extremities. Further rehabilitation is not warranted. All the needs dictated by the onset of this disability are outlined in Appendix A - Life Care Plan of this report.

Mr. Copper is totally dependent in all activities of daily living and will require total assistive care. Thus, this plan is based on his totally dependent needs for maintaining his pre-injury life style and for sustaining his remaining life in comfort.

Mr. Copper will need a suitable place to live. His current residence is totally inaccessible for his activities of daily living. Because of the style of the home, modifications would require a total restructuring of the building and therefore, are not financially feasible.

Once in a suitable dwelling, Mr. Copper will require an attendant for 24 hours of care per day, 365 days per year. It cannot fall on the responsibility of his family to provide ongoing attendant care since there is no guarantee that the family unit will remain intact through the remaining life span of Mr. Copper. His children have yet to leave the home, and are approaching ages that they will need to plan for their independence and become focused on their career choices.

Mr. Copper will require ongoing medical management and care. Already, he has experienced one pressure sore at the ischium since returning from Woodrow Wilson Rehabilitation Center and it is predicted with medical certainty that he will experience additional deterioration of skin episodes. Complications of his pulmonary system can be expected and continued monitoring of his pulmonary status is essential to prevent upper respiratory tract infections and pneumonia. Because of his neurogenic bladder and bowel incontinence, he will require an ongoing

bowel/bladder management program reviewed by his home health nurse and management by his attendant for the prevention of urinary tract infections. Regarding his musculoskeletal system, potential complications include osteoporosis, heterotopic ossification (HO), poikilothermia, and spasticity. He will require visits to his attending physician, Dr. Kinkaid once every 6 months for rehabilitation/medical management, and he will require visits to internal medicine specialist for renal and urinary tract infections, and an orthopaedist for musculoskeletal issues.

Because of the disuse of his extremities, he will require a home physical therapy/range of motion program. His attendant can perform the range of motion exercises, but the program will need to be evaluated and reviewed by a physical therapist periodically.

Mr. Copper will need an accessible van with a ramp and wheelchair "lock-downs". His attendant can drive the vehicle, used primarily to transport him to physician appointments and to recreational events/areas.

Vocationally, Mr. Copper is unemployable and will remain so indefinitely. He has incurred a total loss of earning capacity and his ability to earn money will remain nullified indefinitely. His worker trait profile has incurred severe adjustments and modifications such that he is not capable of transferring to any gainful activities in the competitive labor market. His Vocational Worksheet attached as Appendix B outlines his specific vocational history and projected outcomes pre and post injury statuses.

Thank you for allowing me to evaluate your client. Please contact me at your earliest convenience should you wish to have further discussion regarding my conclusions and subsequent Life Care Plan.

Sincerely yours,

Dave Lieberman
President

Appendix A
Life Care Plan

Life Care Plan

Appendix A-1: Future Medical Care-Routine							
Routine Medical Care Description	Frequency of Visits	Purpose	Cost Per Visit	Cost Per Year	Non-Recurring Cost	Growth Trend	Recommended By:
Urologist	2x annually	Monitor and treat urinary tract	\$294.00 initially, \$86.00 for follow-up	294.00		To be determined by an economist	Virginia Urology Center
Urinalysis	4x annually	Monitor urinary tract infections	\$6.95	27.80		To be determined by an economist	Virginia Urology Center
Renal Ultrasound	1x every other year	Monitor organ integrity	\$183.00 initially; \$154.00 follow-up	77.00		To be determined by an economist	Woodrow Wilson Rehabilitation Center
Physiatrist	2x annually	Maintenance of care evaluation and monitoring	\$204.00 1x, \$164.00 follow-up	334.00		To be determined by an economist	Physical Medicine Specialist
General Practice Physician	2x annually	Monitor overall systems integrity as treating physician status	\$135.00 for full exam @ 1x annually; \$70.00 for follow-up 1x	205.00		To be determined by an economist	Pembroke Family Practice
Cystogram	1x every other year	Monitor organ integrity	\$192.00	96.00		To be determined by an economist	Woodrow Wilson Rehabilitation Center

Cost Per Year (subtotal) = \$1,033.80

Life Care Plan

Appendix A-2: Future Medical Care - Surgical Intervention or Aggressive Treatment Plan							
Recommendation (Description)	Age Initiated	Frequency of Procedure	Per Procedure Cost	Cost Per Year	Non- Recurring Cost	Growth Trend	Recommended By

Life Care Plan

Appendix A-3: Drug Needs						
Drugs (Prescriptions)	Purpose	Per Unit Cost	Cost Per Year	Non-Recurring Cost	Growth Trend	Recommended By:
Amitriptyline 25mg	nerves/antidepressant	\$0.20	73.00		To be determined by an economist	Dr. Kinkaid, Attending Physician
Paxil 40 mg	antidepressant	\$3.07	1120.55		To be determined by an economist	Dr. Kinkaid, Attending Physician
Diazepam 2mg	nerves	\$0.16	175.20		To be determined by an economist	Dr. Kinkaid, Attending Physician
Ranitidine 150 mg	stomach acid control	\$0.74	810.00		To be determined by an economist	Dr. Kinkaid, Attending Physician
Dantrium 100 gm	spasms	\$1.03	1503.80		To be determined by an economist	Dr. Kinkaid, Attending Physician
Docusate Sodium 100 mg	stool softener	\$0.10	18.25		To be determined by an economist	Dr. Kinkaid, Attending Physician
Baclofen 10mg	spasms	\$0.41	598.00		To be determined by an economist	Dr. Kinkaid, Attending Physician
Prochlorperazine 5mg	nausea	\$0.50	730.00		To be determined by an economist	Dr. Kinkaid, Attending Physician

Cost Per Year (subtotal) = \$5,028.80

Life Care Plan

Appendix A-4: Supplies						
Supplies	Purpose	Per Unit Cost	Cost Per Year	Non-Recurring Cost	Growth Trend	Recommended By:
Bisacodyl 10 mg	Bowel Program	\$0.60	109.50		To be determined by an economist	Dr. Kinkaid, Attending Physician
Ultra-Flex Condom Catheter	Bladder Program	\$1.35	246.38		To be determined by an economist	Dr. Kinkaid, Attending Physician
Bedside Bag	Bladder Program	\$12.00	48.00		To be determined by an economist	Dr. Kinkaid, Attending Physician
Leg Bag	Bladder Program	\$6.00	24.00		To be determined by an economist	Dr. Kinkaid, Attending Physician
Skin Prep	Bladder Program	\$0.26	47.58		To be determined by an economist	Dr. Kinkaid, Attending Physician

Cost Per Year (subtotal) = **\$475.46**

Life Care Plan

Appendix A-5: Diagnostic Testing / Educational Assessment							
Diagnostic / Development Recommendation s	Age / Year Initiated	Age / Year Suspended	Per Year Frequency	Base Cost per Year	Non- Recurring Cost	Growth Trend	Recommended By:

Life Care Plan

Appendix A-6: Projected Evaluations							
Evaluation	Age / Year Initiated	Age / Year Suspended	Per Year Frequency	Base Cost per Year	Non-Recurring Cost	Growth Trend	Recommended By:

Life Care Plan

Appendix A-7: Projected Therapeutic Modalities							
Therapy	Age / Year Initiated	Age / Year Suspended	Frequency of Treatment	Base Cost per Year	Non-Recurring Cost	Growth Trend	Recommended By:
Psychological counseling/intervention to include marital counseling	57/2000	58/2001	1x week for first 8 weeks @ \$125 per session; 2x per month x12 months @ \$125	4000.00		To be determined by an economist	Dr. Micheal Bacari, Concussion Care Center of Richmond

Base Cost per Year (subtotal) = **\$4,000.00**

Life Care Plan

Appendix A-8: Aids for Independent Function							
Equipment	Age / Year Purchased	Replacement Schedule	Purpose of Equipment	Base Cost per Year	Non-Recurring Cost	Growth Trend	Catalogue or Supplier Reference:
Environment Systems Control Center	59/2000	1x 5 years	To independently regulate lights, radio, television, VCR, and telephone	6000.00		To be determined by an economist	West Home Health Center

Base Cost per Year (subtotal) = **\$6,000.00**

Life Care Plan

Appendix A-9: Orthotics / Prosthetics							
Equipment Description	Age / Year Purchased	Replacement Schedule	Purpose of Equipment	Base Cost per Year	Non-Recurring Cost	Growth Trend	Recommended By:
Contracture Splints	57/2000	N/A	Prevent contractures	120.00		To be determined by an economist	Dr. Kinkaid, Attending Physician
Splint Liners	57/2000	2x annually	Skin care	30.00		To be determined by an economist	Dr. Kinkaid, Attending Physician

Base Cost per Year (subtotal) = **\$150.00**

Life Care Plan

Appendix A-10: Wheelchair Needs							
Wheelchair Type	Age / Year Initiated	Replacement Schedule	Purpose of Equipment	Base Cost per Year	Non-Recurring Cost	Growth Trend	Catalogue or Supplier Reference:
Power Tilt with Chin Control Electric	58/2000	1x 5 years	Independence and mobility	11254.00		To be determined by an economist	West Home Health Care
Manual Tilt	57/2000	1x 10 years	Independence and mobility	3500.00		To be determined by an economist	West Home Health Care
Shower: Flip-Arm Swivel Shower/Commode Chair	58/2001	1x 5 years	Bathing and toileting	750.00		To be determined by an economist	West Home Health Care

Base Cost per Year (subtotal) = **\$15,504.00**

Life Care Plan

Appendix A-11: Wheelchair Accessories							
Wheelchair Accessory / Maintenance	Age / Year Purchased	Replacement Schedule	Purpose of Equipment	Base Cost per Year	Non-Recurring Cost	Growth Trend	Catalogue or Supplier Reference:
Roho Cushions	58/2001	1x 2/3 years	Skin care and circulation	290.00		To be determined by an economist	West Home Health Care

Base Cost per Year (subtotal) = **\$290.00**

Life Care Plan

Appendix A-12: Orthopaedic Equipment							
Equipment	Age / Year Purchased	Replacement Schedule	Purpose of Equipment	Base Cost per Year	Non-Recurring Cost	Growth Trend	Catalogue or Supplier Reference:

Life Care Plan

Appendix A-13: Home Care / Institutional Care							
Facility Recommended	Home Care / Services Recommendation	Age / Year Initiated	Age / Year Suspended	Hours / Shifts / Days of Attendance or Care	Base Cost per Year	Non-Recurring Cost	Growth Trend
	Family Care, Inc. CNA Attendant Care	57/2000	Indefinitely	\$14.00 per hour @ 24 hours per day, 365 days per year	122640.00		To be determined by an economist
	Family Care, Inc. Skilled nursing eval		Indefinitely	1 skilled care visit per month @ \$75 per visit	900.00		To be determined by an economist

Base Cost per Year (subtotal) = \$123,540.00

Life Care Plan

Appendix A-14: Transportation							
Equipment Description	Age / Year Purchased	Replacement Schedule	Purpose of Equipment	Base Cost per Year	Non-Recurring Cost	Growth Trend	Catalogue or Supplier Reference:
Modified Van - To be driven by an attendant, complete with ramp and tie-downs	58/2000	1x 5-7 years	Transportation or medical and leisure activities	25000.00		To be determined by an economist	Charlton's Mobility Center II

Base Cost per Year (subtotal) = **\$25,000.00**

Life Care Plan

Appendix A-15: Home Furnishings and Accessories							
Equipment	Age / Year Purchased	Replacement Schedule	Purpose of Equipment	Base Cost per Year	Non-Recurring Cost	Growth Trend	Catalogue or Supplier Reference:
Hoya hydraulic lift with sling - Invacare	57/2000	1x 20-25 years	Transfers	825.00		To be determined by an economist	West Home Health Care
Replacement sling, Full-body		1x 2 years	Support	140.00		To be determined by an economist	West Home Health Care
Sliding Board	57/2000	None	Transfers	45.00		To be determined by an economist	West Home Health Care
Hospital Bed - Medline Bed with Suntec mattress	57/2000	None	Daily positioning and rest/sleep	1200.00		To be determined by an economist	West Home Health Care
Stage I-II Mattress	57/2000	1x 2 years	Skin care and circulation	120.00		To be determined by an economist	West Home Health Care

Base Cost per Year (subtotal) = **\$2,330.00**

Life Care Plan

Appendix A-16: Architectural Renovations / Housing Options					
Renovation / New Home	Age / Year Accomplished	Purpose	Base Cost in Year of Plan	Growth Trends in Cost	Other
Option 1: Purchase of Barrier Free Home	58/2001	Accessible Housing	140000	To be determined by an economist	Purchase price for barrier-free housing within his geographical location
Option 2: Center for Independent Living Home Rental Program	58/2001	Accessible Housing	8000	To be determined by an economist	Rental fees of accessible housing in the geographical location of his current residence
Renovations	58/2001	Home Improvements for Accessibility	25000	To be determined by an economist	
Maintenance of Property	58/2001	Property Repairs, Yard Maintenance	1200.00	To be determined by an economist	

Life Care Plan

Appendix A-17: Leisure Time and / or Recreational Equipment							
Equipment Description	Special Camps or Programs	Age / Year of Purchase or Attendance	Replacement or Attendance Schedule	Base Cost per Year	Non-Recurring Cost	Growth Trend	Catalogue or Supplier Reference:

Life Care Plan

Appendix A-18: Potential Complications		
Complication	Estimated Cost Per Year	Estimated Non-Recurring Cost
Respiratory Complications	4700	
Renal Complications	8000	
Decubitus Ulcers	9000	
Urological Infections	10000	
Contractures	7000	
Thrombophlebitis	5000	
Autonomic Dysreflexia	3000	

Estimated Cost Per Year (subtotal) = \$46,700.00

Life Care Financial Summary

Description	Cost Per Year	Non-Recurring Cost
Appendix A-1: Future Medical Care-Routine	\$1,033.80	\$0.00
Appendix A-2: Future Medical Care - Surgical Intervention or Aggressive Treatment Plan	\$0.00	\$0.00
Appendix A-3: Drug Needs	\$5,028.80	\$0.00
Appendix A-4: Supplies	\$475.46	\$0.00
Appendix A-5: Diagnostic Testing / Educational Assessment	\$0.00	\$0.00
Appendix A-6: Projected Evaluations	\$0.00	\$0.00
Appendix A-7: Projected Therapeutic Modalities	\$4,000.00	\$0.00
Appendix A-8: Aids for Independent Function	\$6,000.00	\$0.00
Appendix A-9: Orthotics / Prosthetics	\$150.00	\$0.00
Appendix A-10: Wheelchair Needs	\$15,504.00	\$0.00
Appendix A-11: Wheelchair Accessories	\$290.00	\$0.00
Appendix A-12: Orthopaedic Equipment	\$0.00	\$0.00
Appendix A-13: Home Care / Institutional Care	\$123,540.00	\$0.00
Appendix A-14: Transportation	\$25,000.00	\$0.00
Appendix A-15: Home Furnishings and Accessories	\$2,330.00	\$0.00
Appendix A-16: Architectural Renovations / Housing Options	\$0.00	\$174,200.00
Appendix A-17: Leisure Time and / or Recreational Equipment	\$0.00	\$0.00
Appendix A-18: Potential Complications	\$46,700.00	\$0.00
TOTAL:	\$230,052.06	\$174,200.00