

Paul M. Deutsch & Associates, P.A.
 10 Windsormere Way, Suite 400
 Oviedo, FL 32765
 (407) 977-3223 Fax (407) 977-0311

Life Care Plan

Nathan Brett

Projected Evaluations

DOB: Oct 7, 1974

D/A: Mar 29, 2004

Date Prepared: Feb 3, 2006

Primary Disability: Severe Orthopedic Injuries Left Hip and Both Knees

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Rehabilitation / Long-Term Needs Assessment</i>	Beginning 31 1/11/06	1 X Only	Assess Handicapping Conditions.	Per Unit \$0 - \$0	Already accomplished as of 1/11/06 evaluation.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 31 1/11/06			Per Year		
<i>Evaluation for Chronic Pain Management Program</i>	Beginning 31 2/2006	1 X Only	Assess suitability for treatment program.	Per Unit \$0 - \$0	Cost included in the cost of the program.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP, Loren Martin, M.D. & Andrea Zotovas, M.D.
	Ending 31 2/2006			Per Year		

A comprehensive chronic pain treatment model includes the clinical health psychologist consulting with the patient, family and treatment team. The target of intervention is the interaction of psychological and physiologic factors that cause and perpetuate chronic pain. Patients with complex chronic pain present with multiple risk factors for poor outcomes, however. Psychological factors are usually significant and numerous in patients with complex chronic pain, and may exhibit depression, anxiety or personality disorders than can interfere with treatment if not addressed. In some, the underlying pathophysiologic state may be exacerbated by emotional distress, which presents as intensified pain symptoms. (Source: *Why is chronic pain so difficult to treat? Psychological considerations from simple to complex care.* Mark B. Weisberg, Ph.D., Alfred L. Clavel, Jr., MD. *Chronic Pain, Vol. 106, No. 6, November 1999, Postgraduate Medicine*).

<i>Psychological</i>	Beginning 31 2/2006	1 X Only	Assess needs and formulate treatment plan to address depression, adjustment to disability & follow through with chronic pain program.	Per Unit \$135 - \$180		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 31 2/2006			Per Year		

Pain can affect every part of your life, every hour of the day. The treatment goals are very simply to help you manage your pain and not let the pain manage you. A variety of diagnostic tests include: diagnostic nerve blocks, thermographic imaging; to access the integrity of peripheral circulation, discography, MRI's and CAT scans. Treatment options include: therapeutic nerve blocks, spinal drug delivery systems, spinal cord stimulation, intradiscal electrothermal therapy, TENS, acupuncture, bioelectric treatment, as well as psychological counseling, physical and occupational medicine, and dietary and nutritional counseling. Source: *The Cleveland Clinic: Pain Management Department. Pain Management therapy in The New Millennium.* www.clevelandclinic.org/painmanagement.

Growth Trend To Be Determined By Economist.

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<i>Physical Therapy</i>	Beginning 31 2/2006	1 X / Year	Formulate treatment plan to follow chronic pain management and monitor home program.	Per Unit \$200 - \$400		Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$200 - \$400		

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<i>Occupational Therapy / Assistive Technology</i>	Beginning 31 2/2006	1 X / 2-3 Years	Formulate treatment plan to follow chronic pain management and assess equipment needs for independent functioning.	Per Unit \$200 - \$400		Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Recreational Therapy	Beginning 31 2/2006	1 X / 4-6 Years	Assess leisure interests and recommend adaptive equipment.	Per Unit \$450 - \$600	Cost includes start up equipment and supplies. Periodic evaluations necessary to accommodate for phase changes.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending 75 2049			Per Year		

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Recreational Therapy Outcomes: In the areas of physical medicine and rehabilitation, studies have documented these RT outcomes: Improved physical health; Reduced complications related to secondary disability; Improved long-term health status and reduced health risk factors; Improved cognitive functioning; Improved psychosocial health and well-being; Reduced reliance on the health care system; Increased life satisfaction; High-quality social relationships; Decreased depression; Increased self-efficacy, self-confidence, and adjustment to disability; Improved self-esteem; Increased ability to use activity to cope with stress from hospitalization/illness; Decreased social isolation; Increased perceived quality of life; Improved community functioning and ability to overcome barriers. *Source: Sorensen, Beth, MS, TRS/CTRS, CCM; Luken, Karen, MS, TRS/CTRS. Improving Functional Outcomes with Recreational Therapy. The Case Manager, September/October 1999, pages 48 – 50.*

Nutritional Evaluation	Beginning 31 2/2006	1 X / Year	Evaluate diet and make recommendations.	Per Unit \$75 - \$95		Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$75 - \$95		

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It is important that you not become overweight, since excess weight increases the stresses on the hip replacement, and can cause loosening. Every pound of weight gained increases the forces on your hip by three pounds. *Source: Dr. H.D. Huddleston. ARTHRITIS OF THE HIP JOINT. LONG TERM CARE OF YOUR HIP REPLACEMENT. The Hip and Knee Institute. http://www.hipsandknees.com/hip/hipcare.htm*

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Inpatient Chronic Pain Management Program</i>	Beginning 31 2/2006	4 weeks	Teach pain management strategies	Per Unit \$30000 - \$44207		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP, Loren Martin, M.D. & Andrea Zotovas, M.D.
	Ending 31 3/2006			Per Year		

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<i>Individual Counseling</i>	Beginning 31 3/2006	1 X / week for 26 weeks; then 2 X / month for 6 months; thereafter 4 - 6 X / year for reinforcement of pain management techniques/crisis intervention.	Aid in psychosocial adjustment and reinforce strategies learned in pain management program.	Per Unit \$110 - \$150	\$4,180 - \$5,700 for 38 sessions; then \$520 - \$780 / year for crisis intervention.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending Life Exp.			Per Year		

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Wheelchair Needs

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Manual Wheelchair</i>	Beginning 31 2/2006	1 X / 10 Years (Replacement schedule reflects limited usage.)	Post surgical mobility and for longer excursions.	Per Unit \$1350 - \$1700		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending Life Exp.			Per Year		

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Hip replacement operations are highly successful in relieving pain and restoring movement. However, the ongoing problems with wear and particulate debris may eventually necessitate further surgery, including replacing the prosthesis (revision surgery). Men and patients who weigh more than 165 pounds have higher rates of failure. The chance of a hip replacement lasting 20 years is about 80 percent. *Source: Hip Implants. American Academy of Orthopaedic Surgeons.*
http://orthoinfo.aaos.org/fact/thr_report.cfm?Thread_ID=271&topcategory=Hip

<i>Power Scooter</i>	Beginning 46 2020	1 X / 4-6 Years	Mobility for longer excursions outside of the home and on rough terrain. This will be needed as age and disability combine.	Per Unit \$1595 - \$2545	Battery charger included.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP & Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Wheelchair Accessories and Maintenance

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<u>MAINTENANCE:</u> <i>Manual Wheelchair</i>	Beginning 35 2009	1 X / 2-4 Years (reflects limited usage)	Maintain equipment	Per Unit \$130 - \$170	Maintenance on equipment begins 2-4 years after each new item is purchased.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 12
	Ending Life Exp.			Per Year		
<i>Power Scooter</i>	Beginning 47 2021	1 X / Year	Maintain equipment	Per Unit	Maintenance on equipment begins one year after each new item is purchased.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 13
	Ending Life Exp.			Per Year \$160 - \$250		
<u>ACCESSORIES</u> <i>Power Scooter Battery</i>	Beginning 47 2021	1 X / Year, excluding the year new scooter purchased.	Provide power	Per Unit \$125 - \$159		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 14
	Ending Life Exp.			Per Year \$125 - \$159		

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Orthopedic Equipment

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Straight Cane</i>	Beginning 31 2/2006	1 X / 5-7 Years	Ambulation aid during post-surgery recovery.	Per Unit \$15 - \$20		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 15
	Ending Life Exp.			Per Year		
<i>Folding Walker</i>	Beginning 31 2/2006	1 X / 10 Years	Ambulation aid during post-surgery recovery.	Per Unit \$45 - \$75		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 16
	Ending Life Exp.			Per Year		

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Home Furnishings and Accessories

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Shower Chair</i>	Beginning 31 2/2006	1 X / 2-3 Years	Safety aid to avoid falls when showering secondary to pain and weakness in lower extremity joints.	Per Unit \$45 - \$75		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 17
	Ending Life Exp.			Per Year		
<i>Hand Held Shower</i>	Beginning 31 2/2006	1 X / 5-7 Years	Use with shower chair	Per Unit \$45 - \$66		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 18
	Ending Life Exp.			Per Year		
<i>Raised Toilet Seat</i>	Beginning 31 2/2006	1 X / 3-4 Years	Relieve pressure from hips and knees.	Per Unit \$54 - \$79		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 19
	Ending Life Exp.			Per Year		
<i>Tub & Toilet Safety Rails</i>	Beginning 31 2/2006	1 X Only	Safety aid	Per Unit \$300 - \$400	Cost includes installation by a qualified medical retrofitter.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 20
	Ending 31 2/2006			Per Year		
<i>Dual Control Power Adjustable Bed with Mattress</i>	Beginning 31 2/2006	1 X / 10 Years	Positioning and support to enhance ability to find a comfortable position in which to sleep.	Per Unit \$3000 - \$3500		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 21
	Ending Life Exp.			Per Year		

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Home Furnishings and Accessories

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Maintenance of Adjustable Bed</i>	Beginning 33 2007	1 X / 2-3 Years	Maintain equipment	Per Unit \$150 - \$200		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 22
	Ending Life Exp.			Per Year		
<i>EZ Stand Mobile Stool</i>	Beginning 31 2/2006	1 X / 4-6 Years	Allows near-standing position while taking 90% of body's weight off legs and feet.	Per Unit \$111		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 23
	Ending Life Exp.			Per Year		

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Aids for Independent Function

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Aids for Independent Functioning</i>	Beginning 31 2/2006	Initial purchase of items now, then annual allowance for replacement or additions.	Enhance independence in activities of daily living.	Per Unit	The initial purchase of adaptive equipment should cost between \$300 to \$400; with an annual allowance for the purchase of new items or the replacement of broken items between \$150 and \$200.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending Life Exp.			Per Year		

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Examples of such equipment include: long handled reachers (2) \$67 each; Sock donner \$45; Long-handled shoe horn \$16; Long handled scrub sponge (2) \$5 each; Kitchen Roll-About to move heavy dishes \$33; long-reach duster \$27; long-reach bathroom cleaner \$22.

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Medications

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Prescription Medications</i>	Beginning 31 2/2006.	Annual cost	Pain and sleep	Per Unit \$430.83	This represents his current medication regimen. This is subject to change with changes in his condition.	As prescribed by treating physicians.
	Ending Life Exp.			Per Year \$5170		

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Current medications include: Oxycodone/APAP (Percocet) - \$84.99 / month; Cyclobenzaprine (Flexeril) - \$24.89 / month; Ambien CR 12.5 mg - \$199.98; Zolofit - \$86.99 / month; Losinopril-HCTZ - \$21.99 / month; Ibuprofen 600 mg - \$11.99 / month.

For Information Purposes: The possibility of infection occurring around the replacement is another concern. For the rest of your life if you develop an infection elsewhere in your body (for example bladder infection, infected cuts, boils, dental abscesses) this infection can travel via your bloodstream to the replacement. Therefore, if you develop any infection, you should consult your family physician and have him treat it promptly. Viral infections, such as colds and most sore throats, are not a problem. Dental work can push bacteria into your bloodstream and cause an infection in your joint replacement. We recommend that you take antibiotics before dental work (other than simple cleaning of your teeth). The following are our recommendations: Dental, Upper Respiratory, Gastrointestinal and Genitourinary Procedures: Not Allergic to Amoxicillin: Amoxicillin 500 mg. Four capsules one hour before the procedure. Allergic to Amoxicillin: Keflex or Duricef 500 mg. Five tablets one hour before the procedure. OR: Clindamycin 600 mg, Zithromax 500 mg, or Biaxin 500 mg 1 hour before the procedure. *Source: Dr. H.D. Huddleston. ARTHRITIS OF THE HIP JOINT. LONG TERM CARE OF YOUR HIP REPLACEMENT. The Hip and Knee Institute. <http://www.hipsandknees.com/hip/hipcare.htm>*

<i>Over-The-Counter Medications</i>	Beginning 31 2/2006	Annual allowance	Treat side effects of medications.	Per Unit	Zantac 150 - \$21.99 for 65.	As recommended by treating physicians.
	Ending Life Exp.			Per Year \$132		

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Home Care / Facility Care

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Housekeeper</i>	Beginning 31 2/2006	1 X / Week	Clean home	Per Unit \$60 - \$80		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 27
	Ending Life Exp.			Per Year \$3120 - \$4160		
<i>Interior / Exterior Home Maintenance (Assumes own home)</i>	Beginning 31 2/2006	Regular weekly service	Maintain yard and home	Per Unit \$65 - \$85		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 28
	Ending Life Exp.			Per Year \$3380 - \$4420		
<i>Home Health Aide</i>	Beginning 31 2/2006	See below for cost outline.	Post surgical home care and assistance with activities of daily living while healing from hip surgery and bilateral knee surgery.	Per Unit \$17 - \$24		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 29
	Ending Life Exp.			Per Year		

Right knee surgery: 24 hours / day for 2 days; then 10 hours / day for 5 days; reduced to 4 hours / day for 7 days. (126 total hours at \$17 to \$24 / hour or a total of \$2,142 to \$3,024) 1 X only, Now.

Left knee surgery: 24 hours / day for 2 days; then 10 hours / day for 5 days; reduced to 4 hours / day for 7 days. (126 total hours at \$17 to \$24 / hour or a total of \$2,142 to \$3,024) 1 X only in 2007

Hip Revisions: 24 hours / day for 7 days; then 10 hours / day for 7 days; reduced to 4 hours / day for 7 days; then 2 hours / day for 7 days. (280 total hours at \$17 to \$24 / hour or a total of \$4,760 to \$6,720) 1 X / 15 - 20 years beginning at age 47, year 2021.

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Future Medical Care Routine

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
GP / Internist	Beginning 31 2/2006	2-4 X / Year	Monitor hypertension and general health due to deconditioning associated with disability.	Per Unit \$50 - \$150		Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year \$200 - \$400		

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The possibility of infection occurring around the replacement is another concern. For the rest of your life if you develop an infection elsewhere in your body (for example bladder infection, infected cuts, boils, dental abscesses) this infection can travel via your bloodstream to the replacement. Therefore, if you develop any infection, you should consult your family physician and have him treat it promptly. *Source: Dr. H.D. Huddleston. ARTHRITIS OF THE HIP JOINT. LONG TERM CARE OF YOUR HIP REPLACEMENT. The Hip and Knee Institute. <http://www.hipsandknees.com/hip/hipcare.htm>*

Orthopedic Surgeon	Beginning 31 2/2006	1 X / Month for 6 months; then 4 X / year thereafter.	Monitor and treat orthopedic injuries	Per Unit \$100 - \$250	\$600 - \$1,500 total for monthly visits for 6 months; then \$400 - \$1,000 / year thereafter.	Loren Martin, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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The main long-term problems of joint replacements are wear of the socket or loosening of the components' attachment to the bone. Annual visits to have your hip examined and x-rayed are essential for monitoring the results of your surgery, and giving you periodic advice for the care of your hip replacement. *Source: Dr. H.D. Huddleston. ARTHRITIS OF THE HIP JOINT. LONG TERM CARE OF YOUR HIP REPLACEMENT. The Hip and Knee Institute. <http://www.hipsandknees.com/hip/hipcare.htm>*

Pain Management Specialist	Beginning 31 2/2006	1 X now for evaluation; then 1-2 X / year thereafter.	Evaluate chronic pain and monitor treatment.	Per Unit	\$200 - \$400 one time only for initial eval; then \$105 - \$210 / year thereafter to monitor needs.	Loren Martin, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Psychiatrist	Beginning 31 2/2006	Initial evaluation; then 4 X / year to monitor medication	Evaluation and medication maintenance	Per Unit	\$200 - \$275 for initial eval one time only; then \$320 - \$360 / year thereafter to monitor medications.	Loren Martin, M.D. and Andrea Zotovas, M.D.
	Ending Life Exp.			Per Year		

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
X-rays (Left hip, Right knee and Pelvis)	Beginning	2 X / Year	Monitor left hip replacement and right knee.	Per Unit		Loren Martin, M.D. and Andrea Zotovas, M.D.
	31 2/2006			\$225 - \$390		
	Ending			Per Year		
	Life Exp.			\$450 - \$780		

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The main long-term problems of joint replacements are wear of the socket or loosening of the components' attachment to the bone. Annual visits to have your hip examined and x-rayed are essential for monitoring the results of your surgery, and giving you periodic advice for the care of your hip replacement. *Source: Dr. H.D. Huddleston. ARTHRITIS OF THE HIP JOINT. LONG TERM CARE OF YOUR HIP REPLACEMENT. The Hip and Knee Institute. <http://www.hipsandknees.com/hip/hipcare.htm>*

CT Scan (Left Hip and Right Knee)	Beginning	1 X / 2-4 years	Monitor hip and knees	Per Unit		Loren Martin, M.D.
	31 2/2006			\$2216 - \$2440		
	Ending			Per Year		
	Life Exp.					

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Pathology Laboratory Studies	Beginning	1 X / Year	Monitor systems for signs of debris from failing prosthesis and effects of medications.	Per Unit	Comp Metabolic Functions \$50; CBC \$33; Liver functions \$38; Urinalysis - \$38; Draw fee \$15	Andrea Zotovas, M.D.
	31 2/2006			\$174		
	Ending			Per Year		
	Life Exp.			\$174		

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Systemic distribution of metallic and polyethylene wear particles was a common finding, both in patients with a previously failed implant and in those with a primary total joint prosthesis. The prevalence of particles in the liver or spleen was greater after reconstructions with mechanical failure. In the majority of patients, the concentration of wear particles in these organs was relatively low and without apparent pathological importance. However, in one rare case, granulomas formed in the liver, spleen, and abdominal lymph nodes in response to heavy accumulation of wear debris from a hip prosthesis with mechanical failure and compromised hepatic function. *Clinical Relevance:* These findings underscore the necessity of minimizing the production of particulate debris by joint replacement devices and the need for the surgeon to consider expeditious revision in patients in whom large amounts of particulate debris may be generated. Serum and urine trace-metal analyses may provide early confirmation of failure and aid in the timing of a revision operation in a patient with a symptomatic or failed device. *Source: Urban, Robert M., Jacobs, Joshua J.M.D., Tomlinson, Michael J. D.V.M., PH.D., Gavrilovic, John PH.D., Black, Jonathan PH.D. and Peoc'h, Michel M.D. Dissemination of Wear Particles to the Liver, Spleen, and Abdominal Lymph Nodes of Patients with Hip or Knee Replacement The Journal of Bone and Joint Surgery 82:457 (2000). © 2000 The Journal of Bone and Joint Surgery, Inc.*

Growth Trend To Be Determined By Economist.

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Life Care Plan

Nathan Brett

DOB: Oct 7, 1974

D/A: Mar 29, 2004

Date Prepared: Feb 3, 2006

Primary Disability: Severe Orthopedic Injuries Left Hip and Both Knees

Future Medical Care Aggressive Treatment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Arthroscopic Surgical Repair of Posterior Cruciate Ligament Right Knee	Beginning 32 2006	1 X Only	Repair posterior cruciate ligament.	Per Unit \$21107 - \$30362	Unit cost includes surgeons fee, hospital costs, anesthesia and follow-up physical therapy.	Loren Martin, M.D. and Andrea Zotovas, M.D.
	Ending 32 2006			Per Year		

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Arthroscopy may be recommended for knee problems, such as: A torn meniscus (either repair or remove), Mild arthritis, Loose bodies (small pieces of broken cartilage) in the knee joint, A torn or damaged anterior cruciate or posterior cruciate ligament, Inflamed or damaged lining of the joint (synovium), Malalignment of the knee cap (patella). Use of arthroscopy has reduced the need to surgically open the knee joint. This has resulted in less pain and stiffness, fewer complications, decreased length (if any) of hospitalization, and faster recovery time. Expectations vary widely with the indication for the surgery. Surgery done for a meniscal tear or loose bodies when the patient has no other problems (like arthritis) is usually uncomplicated, and most patients can expect a full recovery. The presence of arthritis dramatically reduces the effectiveness of arthroscopy and up to 50% of patients may not improve post-operatively. Arthroscopic removal of the synovium (arthroscopic synovectomy) can be of great benefit to patients with rheumatoid arthritis. Arthroscopic or arthroscopic-assisted surgery done to repair the meniscus or reconstruct ligaments in the knee is much more complicated with prolonged recovery and more variable results. For a simple meniscal cleaning (debridement), recovery is usually quite rapid. The patient may need to use crutches for a while to reduce weight placed on the knee joint to control pain. Pain can be managed with medications. For more complicated procedures where anything is fixed or reconstructed, patients may not be able to walk on the knee for several weeks, and the overall recovery may be anywhere from several months to a year. *Source; Knee Arthroscopy. MedlinePlus Medical Encyclopedia. www.nih.gov*

As your leg strengthens in the days after surgery, you will begin formal physical therapy using specialized equipment and working under the supervision of a physical therapist. The aim is to improve the strength of the muscles, as well as the range of motion of the knee by working the muscles against varying degrees of resistance. It is important to strengthen the thigh muscles following knee surgery. Particular emphasis is placed on the quadriceps and hamstring muscles, as well as the inner and outer thigh muscles. *Source: Physical therapy and leg-strengthening exercises. Last updated December 2003. Copyright 2004 Health Information Publications. yourmedicalsourc.com*

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DOB: Oct 7, 1974

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Primary Disability: Severe Orthopedic Injuries Left Hip and Both Knees

Future Medical Care Aggressive Treatment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Arthroscopy and Debridement of Left Knee	Beginning 33 2007	1 X Only	Diagnostic arthroscopy	Per Unit \$18133 - \$26638	Unit cost includes surgeons fee, hospital costs and anesthesia. Dr. Martin indicates that he has not yet determined if this surgery will be required.	Noted by Loren Martin, M.D. in report dated 1/22/05.
	Ending 33 2007			Per Year		

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Osteoarthritis in young adults is most commonly a result of a previous injury to the knee. Deconditioning of the musculoskeletal system is seen with joint injury, obesity, and aging, all known risk factors for osteoarthritis. Muscular deconditioning contributes to increased joint loads and knee osteoarthritis development and progression. So far, it is unclear whether surgery reduces the development or progression of osteoarthritis. The risk for osteoarthritis development seems to increase as the amount of meniscal tissue removed increases. Osteoarthritis is common after meniscectomy. In a 16-year follow-up of 155 patients with intact ACLs (mean age, 54 years) who had undergone isolated limited meniscectomy, 66 (43%) had radiographic features of osteoarthritis corresponding to Kellgren and Lawrence grade 2 or more. Of these, 39 (59%) were symptomatic. Most risk factors of osteoarthritis, both in young adults and the elderly, may contribute to increased joint loads by affecting both the joint and the musculoskeletal system. Joint injuries result in increased sagittal and mediolateral instability, resulting in altered mechanics and increased joint loads. It is also well known that few patients with a knee injury regain their previous muscle strength and neuromuscular function. Obesity may contribute to increased joint loads by the increase in mass, the frequently associated physical inactivity, and possibly the increase in thigh girth and the resultant wider-based stance, which alter the physiologic axis of the knee joint. Aging is associated with increased malalignment, increased joint laxity, reduced muscular strength, and loss of proprioception and balance. *Source: Roos, Ewa M, PT, Ph.D.. Joint Injury Causes Knee Osteoarthritis in Young Adults. Curr Opin Rheumatol. 2005; 17(2): 195-200. ©2005 Lippincott Williams & Wilkins*
http://www.medscape.com/viewarticle/500181_print

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Life Care Plan

Nathan Brett

DOB: Oct 7, 1974

D/A: Mar 29, 2004

Date Prepared: Feb 3, 2006

Primary Disability: Severe Orthopedic
 Injuries Left Hip and
 Both Knees

Future Medical Care Aggressive Treatment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Revision of Left Total Hip Replacement</i>	Beginning 47 2021	1 X / 15 - 20 years	Replace prosthetic hip joint.	Per Unit \$40933 - \$57459	Foundational Research regarding the longevity of total hip replacements.	Loren Martin, M.D.
	Ending Life Exp.			Per Year		

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The early total hip prosthetics had limitations in their design that could compromise their longevity. After nearly three decades of use, prosthetic design and materials have greatly improved. The stability of these "artificial" joints depends on existing muscles and ligaments (tissue that binds joints together) rather than on the design of the artificial joint itself. There are two basic types of prostheses: one type is cemented in place, while the other has a porous coating that allows bone to grow into it. Porous-coated prostheses can provide more long-term fixation in younger patients and in patients who have good bone stock. In patients over the age of 65, the socket component is fixed using a porous material coated with bone in-growth, and the femoral component is cemented in place ("hybrid" hip prosthesis). Long-term studies have demonstrated that this combination provides excellent longevity. With current improvements in materials, prosthetic designs, and surgical techniques, more than 95 percent of contemporary total joint replacement procedures should last more than 20 years. Routine follow-up after recovery from surgery should include X-rays after the first, third, fifth, and seventh years. Thereafter, X-rays should be taken every two years to make sure that wear is not occurring. Failure of the replaced joint can result in bone loss, which can make surgery on the joint more difficult. However, newer techniques with bone grafting, as well as newer prosthetic designs that specifically deal with failed total joint replacements offer the patient a second chance for good long-term results. *Source: Understanding Total Hip Replacement . © Copyright 1995-2005 The Cleveland Clinic Foundation.*
<http://www.cchs.net/health/health-info/docs/1400/1469.asp?index=6381>

Hip replacement operations are highly successful in relieving pain and restoring movement. However, the ongoing problems with wear and particulate debris may eventually necessitate further surgery, including replacing the prosthesis (revision surgery). Men and patients who weigh more than 165 pounds have higher rates of failure. The chance of a hip replacement lasting 20 years is about 80 percent. *Source: Hip Implants. American Academy of Orthopaedic Surgeons.*
http://orthoinfo.aaos.org/fact/thr_report.cfm?Thread_ID=271&topcategory=Hip

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Life Care Plan

Nathan Brett

Transportation

DOB: Oct 7, 1974

D/A: Mar 29, 2004

Date Prepared: Feb 3, 2006

Primary Disability: Severe Orthopedic
 Injuries Left Hip and
 Both Knees

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>American Auto Association (AAA)</i>	Beginning 31 2/2006	Annual membership	Emergency roadside assistance	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 40
	Ending Life Exp.			Per Year \$56 - \$78		
<i>Scooter Carrier</i>	Beginning 46 2020	1 X / 4-6 Years	Transport scooter	Per Unit \$2395 - \$2495		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 41
	Ending Life Exp.			Per Year		