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Life Care Plan

Robert Gabriel

Projected Evaluations

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Rehabilitation / Long-Term Needs Assessment</i>	Beginning 55 1/17/08	1 X Only (Already accomplished.)	Assess Handicapping Conditions.	Per Unit \$0 - \$0		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 55 1/17/08			Per Year		

A Life Care Plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized, concise plan for current and future needs, with associated costs, for individuals who have experienced catastrophic injury or have chronic health care needs. (*IALCP - International Academy of Life Care Planners, 2003.*)

Through the development of a comprehensive Life Care Plan, a clear, concise, and sensible presentation of the complex requirements of the patient are identified as a means of documenting current and future medical needs for individuals who have experienced catastrophic injury or have chronic health care needs.

The goals of a comprehensive Life Care Plan are to: improve and maintain the clinical state of the patient; prevent secondary complications; provide the clinical and physical environment for optimal recovery; provide support for the family; and to provide a disability management program aimed at preventing unnecessary complications and minimizing the long-term care needs of the patient.

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<i>Psychological</i>	Beginning 56 2008	1 X / 2-4 Years	Evaluate needs, formulate treatment plan and modify treatment plan as needed.	Per Unit \$280 - \$336	Unit cost reflects a two hour evaluation.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending Life Exp.			Per Year		

Psychological Adjustment of Adult Amputees: Amputees have to make permanent behavioral, social, and emotional adjustments to cope with the multiple problems engendered by amputation. As amputees begin to regain strength and develop some security in coping on a physical level, their focus shifts to learning how to survive emotionally with limb loss. Not only have they sustained a loss in ability and function, but they have also sustained a loss to their psychological being. It is widely recognized that amputees frequently manifest a pattern of emotional reaction involving shock, denial, grief, anxiety, depression, and, eventually, adjustment. Rates of clinical depression detected in outpatient settings have been found to range from 21% to 35% in four studies employing standardized self-report measures. Reactions of anxiety and grief among people with amputations have also been reported. Although many amputees adjust well to their prosthesis, some amputees experience emotional maladjustment or pain and may need something more than a well-fitting limb and training in its use. Adjusting to the loss of a limb is a multifaceted endeavor that involves both physical and psychological adjustment. Source: Gallagher, Pamela, Dr.; Department of Psychology at Trinity College, Dublin, Ireland. Psychological Adjustment and Coping in Adults with Prosthetic Limbs – Statistical Data Included. Copyright 1999 Heldref Publications; Copyright 2000 Gale Group. http://articles.findarticles.com/p/articles/mi_m0GDQ/is_3_25/ai_58669771/print

Psychological issues in the Field of prosthetics and orthotics: Rehabilitation after amputation is fundamentally dependent on the patient's psychological adjustment to the injury. Difficulties in adjustment are typically associated with reports of depression, feelings of hopelessness, low self-esteem, fatigue, anxiety, and sometimes suicidal ideation. Therefore, specific, structured therapeutic interventions for problems such as depression, anxiety, sexual difficulties, substance addiction or drug overuse and pain may be needed. Such intervention may operate through individual, couple, family or group therapies. Source: Desmond, Deirdre, BA (Mod); MacLachlan, Malcolm, BSc, MSc, MA, PhD, DipVus, FPSI, FTD. Psychosocial Issues in the Field of Prosthetics and Orthotics. Journal of Prosthetics & Orthotics; 2002, Volume 14, Number 1, pp. 19-22. http://www.oandp.org/jpo/library/2002_01_019.asp

Critical specialties involved in caring for amputees include physiatry, surgery, medicine, physical therapy, occupational therapy, nursing, mental health, social works and prosthetics. This type of teamwork has shown to improve short and long-term outcomes. Additionally, incorporating peer support, vocational rehabilitation, community reintegration and sports and recreational activities greatly enhances a comprehensive program and improves amputees' quality of life and ability to reintegrate into the community. Source: Pasquina, Paul F. MD; Bryant, Phillip R. DO; Huang, Mark E. MD; Roberts, Toni L. DO; Nelson, Virginia S. MD, MPH; Flood, Katherine M. MD. Limb Deficiency And Prosthetic Management: Focused Review. Advances in Amputee Care. Archives of Physical Medicine and Rehabilitation, Volume 87, Supplement 1, March 2006, pp. S34 - S43.

Growth Trend To Be Determined By Economist.

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<i>Physical Therapy</i>	Beginning 56 2008	2 X / Year for 2 years; then 1 X / year thereafter.	Evaluate therapy needs; design and monitor therapy program and provide home exercises to continue to build strength and endurance.	Per Unit \$209 - \$323	\$418 - \$646 / year for 2 years; then \$209 - \$323 / year thereafter.	F. Parker Loren, M.D.
	Ending Life Exp.			Per Year		

3

Critical specialties involved in caring for amputees include physiatry, surgery, medicine, physical therapy, occupational therapy, nursing, mental health, social works and prosthetics. This type of teamwork has shown to improve short and long-term outcomes. Additionally, incorporating peer support, vocational rehabilitation, community reintegration and sports and recreational activities greatly enhances a comprehensive program and improves amputees' quality of life and ability to reintegrate into the community. *Source: Pasquina, Paul F. MD; Bryant, Phillip R. DO; Huang, Mark E. MD; Roberts, Toni L. DO; Nelson, Virginia S. MD, MPH; Flood, Katherine M. MD. Limb Deficiency And Prosthetic Management: Focused Review. Advances in Amputee Care. Archives of Physical Medicine and Rehabilitation, Volume 87, Supplement 1, March 2006, pp. S34 - S43.*

Physical Therapy for Amputations: Over the course of 6 months, patients will demonstrate optimal motor function; muscle performance; range of motion and gait, locomotion and balance; and the highest level of functioning in home, work, community and leisure environments. 80% of patients will achieve the anticipated goals and expected outcomes within 15 to 45 visits during a single continuous episode of care. Some risk factors or consequences of pathology / pathophysiology – such as multisystem involvement and traumatic amputation of multiple parts – may be severe and complex and may require modification of the frequency of visits and duration of care. *Source: Second edition © 2001, 2003 by the American Physical Therapy Association (APTA). (Guide to Physical Therapist Practice. 2nd ed. Impaired Motor Function, Muscle Performance, Range of Motion, Gait, Locomotion, and Balance Associated With Amputation, Section 4J; pp. 287-303.)*

<i>Occupational Therapy</i>	Beginning 56 2008	1 X / Year	Assess therapy needs, formulate home exercise program, etc.	Per Unit \$209 - \$323		F. Parker Loren, M.D.
	Ending Life Exp.			Per Year \$209 - \$323		

4

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Assistive Technology Evaluation	Beginning 56 2008	1 X / 2-3 Years	Evaluate environment and needs for assistive technology to enhance his independence.	Per Unit \$250 - \$350		F. Parker Loren, M.D. and Ernie Clements, Prosthetist
	Ending Life Exp.			Per Year		

5

Assistive Technology assessment and evaluation providers are most often licensed and or certified in related fields such as Physical Therapy, Occupational Therapy, and Speech/Language Pathology. Rehabilitation Engineers, while not certified/licensed, have engineering or technology backgrounds. Occupational Therapists are professionals who have training and expertise in clinically recognized areas. All practicing therapists must pass standardized tests and be certified or licensed in their field. Qualified therapists have a working knowledge of assistive technology foundations, devices, and applications, and can complete a formal AT assessment which may be required by your funding source. Standards for formal AT assessments vary, but a good assessment should verify a need for assistive technology and verify that the recommended AT will meet that need. *Source; TechACCESS Home Page. What is an Assistive Technology Assessment?*
<http://www.techaccess-ri.org/assess1.htm>

Recreational Therapy	Beginning 56 2008	1 X / 4-6 Years	Assess leisure interests and recommend adaptive equipment.	Per Unit \$400 - \$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 based on medical information and client interview
	Ending 70 2022			Per Year		

6

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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 - 52.*

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Handicapped Driver Evaluation</i>	Beginning 56 2008	1 X / 5-7 Years with new vehicle purchase	Assess ability to drive with the use of adaptive equipment.	Per Unit \$500		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending 75 2027			Per Year		

The psychosocial evaluation should include assessment of driving competency and skills to reduce the probability of an accident associated with a newly acquired amputation. A formal driving evaluation is highly recommended. Amputation of a lower extremity may require adaptation of the vehicle, because use of a prosthesis on the foot pedals is not safe because there is no sensory feedback. *Source: Roberts, Toni L., DO; Pasquina, Paul R., MD; Nelson, Virginia S., MD, MPH; Flood, Katherine M., MD; Bryant, Phillip R., DO; Huang, Mark E., MD. Limb Deficiency and Prosthetic Management. 4. Comorbidities Associated With Limb Loss. Archives of Physical Medicine and Rehabilitation, Volume 87, Supplement 1, March 2006, pp. S21 - S27.*

It is recommended that the driving potential of amputees be assessed on an individual basis and recommendations be made based on each amputee's specific circumstances. *Source: Meikle, Ben MD, FRCPC; Devlin, Michael MD, FRCPC, Pauley, Tim, MSc. Driving Pedal Reaction Times After Right Transtibial Amputations. Archives of Physical Medicine and Rehabilitation, Volume 87, March 2006, pp. 390 - 394.*

<i>Nutritional Evaluation</i>	Beginning 56 2008	2 X / Year	Assess dietary needs to promote health, healing and weight control and make recommendations.	Per Unit \$160 - \$238		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview	
	Ending Life Exp.			Per Year \$160 - \$238			8

Weight control is important for prosthetic fit and to help from over-stressing joints. Periodic assessments with a dietician for those with a potential for weight control difficulties is recommended. *Source: Mitchell, N. (2004). Aging with cerebral palsy, spinal cord injury and amputation: Implications for life care planners. Journal of Life Care Planning, 3(2), 93-104.*

An increased prevalence of accelerated degenerative joint disease has been reported in people with transtibial or transfemoral amputations. Management may require an interdisciplinary approach and should include the following goals: improve or maintain joint range of motion; promote muscle strengthening and conditioning; minimize joint stress by the use of assistive or mobility devices; and address pain control. Weight control is an important but frequently neglected issue in the management of osteoarthritis of weight-bearing joints. *Source: Flood, Katherine M., MD; Huang, Mark E., MD; Roberts, Toni L., DO; Pasquina, Paul F., MD; Nelson, Virginia S., MD, MPH; Bryant, Phillip R., DO. Limb Deficiency and Prosthetic Management. 2. Aging With Limb Loss. Archives of Physical Medicine and Rehabilitation, Volume 87, Supplement 1, March 2006, pp. S10 - S14.*

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Individual Counseling	Beginning 56 2008	1 X / week 48 weeks; then 2 X / month for 6 months; thereafter 4-6 X / year for support and crisis	Aid in psychosocial adjustment and address depression, anxiety and pain management strategies.	Per Unit \$140 - \$168	\$6,720 - \$8,064 for 48 sessions; then \$1,680 - \$2,016 for 12 sessions; thereafter \$616 - \$924 / year.	Paul M. Deutsch, Ph.D., C.R.C. CCM. CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending Life Exp.			Per Year		

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Family Counseling and Education	Beginning 56 2008	2 X / month for 12 months	Provide counseling and education to family members.	Per Unit \$140 - \$168	\$3,360 - \$4,032 for 24 sessions.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP Lic. Mental Hlth. Couns. (Chptr. 491 Psych. Pract. Act.)
	Ending 57 2009			Per Year		

Amputation affects the physical, psychological and social aspects of an individual's life, as well as the lives of family members. That is, most amputees volunteer that they have far more difficulty dealing with their social worlds than with their physical worlds. The amputee will express many fears centering on interpersonal relationships encompassing familial, vocational, social and sexual arenas. These fears require frequent discussion to help the amputee come to terms with these realistic problems. It is the impact on the ability to relate psychologically, socially, sexually and vocationally that inhibits many amputees. Therefore, treating the psychological problems faced by the amputee is critical to the adjustment process as much if not more than the quality of the surgery or the nature of the prosthetic device. *Source: Davidson, J.H.; Jones, L.E.; Cornet, J. and Cittarelli, T. Rehabilitation In Practice Management of the Multiple Limb Amputee. Disability And Rehabilitation, 2002; Vol. 24, No. 13, 688-699. (Disability and Rehabilitation ISSN 0963-8288 print / ISSN 1464-5165 online © 2002 Taylor & Francis Ltd. <http://www.tandf.co.uk/journals>)*

Physical Therapy	Beginning 56 2008	3 X / week for 4 months now (51 sessions); then 4-6 sessions / year thereafter.	Build strength and endurance and provide prosthetic training and equipment management. In part to educate care givers.	Per Unit \$125 - \$344	\$6,375 - \$17,544 for 51 sessions; then \$938 - \$1,407 / year.	F. Parker Loren, M.D. and Ernie Clements, Prosthetist
	Ending Life Exp.			Per Year		

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Projected Therapeutic Modalities

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Occupational Therapy</i>	Beginning 56 2008	2 X / week for 3 months (26 sessions)	Enhance independence	Per Unit \$125 - \$344	\$3,250 - \$8,944 for 26 sessions.	F. Parker Loren, M.D. and Ernie Clements, Prosthetist
	Ending 56 2008			Per Year		

12

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<i>Assistive Technology Training</i>	Beginning 56 2008	4 - 6 sessions every 2-3 years to train with new technology.	Learn to use technology to enhance independence.	Per Unit \$125 - \$200	\$650 - \$975 every 2-3 years.	F. Parker Loren, M.D. and Ernie Clements, Prosthetist
	Ending Life Exp.			Per Year		

13

<i>Handicapped Driver Training</i>	Beginning 56 2008	8-10 hours of training every 5-7 years with new vehicle.	Train to operate vehicle with adaptive equipment.	Per Unit \$115	\$920 - \$1,150 every 5-7 years with new vehicle.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending 75 2027			Per Year		

14

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Wheelchair Needs

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Customized Power Wheelchair	Beginning 56 2008	1 X / 4-6 Years	Mobility due to bilateral lower extremity loss and the increased energy required to ambulate with prostheses, along with previous wrist fusion.	Per Unit \$6500 - \$7200	Replacement scheduled based on the following source. Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182).	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending Life Exp.			Per Year		

All bilateral lower limb amputees will require a wheelchair even if only for independent toileting at night or for mobility when their lower limb prostheses is needing repair. Hemilateral and quadruple amputees are unable to use crutches and walking frames and therefore most likely would require a wheelchair they can use without their lower limb prosthesis. A hemilateral would most likely require a one-arm lever drive wheelchair, whereas a quadruple amputee would require an electric wheelchair with a control they can manipulate without their prostheses. Source: Davidson, J.H.; Jones, L.E.; Cornet, J. and Cittarelli, T. *Rehabilitation In Practice Management of the Multiple Limb Amputee. Disability And Rehabilitation, 2002; Vol. 24, No. 13, 688-699. (Disability and Rehabilitation ISSN 0963-8288 print / ISSN 1464-5165 online © 2002 Taylor & Francis Ltd. http://www.tandf.co.uk/journals)*

Alternative mobility may be needed for those with lower extremity amputations. Age and mobility environment will need to be considered. Also, research shows that aging issues for individuals with amputation include an early onset of pain and arthritis symptoms in the non-amputated limb due to overuse and stress of the normal extremity. The long-term impact of overuse of the intact limb is the prime issue in aging in this disability group. Source: Mitchell, N. (2004). *Aging with cerebral palsy, spinal cord injury and amputation: Implications for life care planners. Journal of Life Care Planning, 3(2), 93-104.*

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Wheelchair Needs

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Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Customized Lightweight Folding Wheelchair with One-Arm Drive	Beginning 56 2008	1 X / 5-7 Years (Reflects more limited usage.)	Back-up for power wheelchair	Per Unit \$2429 - \$3525		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending Life Exp.			Per Year		

16

Leg amputees tire more quickly than their peers on an outing or may not be able to keep up the same pace because they have a higher level of oxygen consumption. (Below-Knee Amputees from 9% to 20%; Above-Knee Amputees from 45% to 70%; Bilateral Above-Knee Amputees up to 300%) The increased oxygen consumption is the reason amputees seem to get out of breath much more quickly, and the higher the level of amputation, the more energy required to walk. Amputees with long residual limbs average a 10% increase in energy expenditure, whereas those with short residual limbs average a 40% increase above normal. An upwards slope in the terrain of 10% doubles the energy required, and a 20% to 25% slope triples it. More energy is also used going on a downward slope than is used on level ground. Extra weight is carried least efficiently on ones feet. Therefore, when the weight of an artificial limb is added, it increases the energy needed to move. Just an increase of 2-1/2 pounds to shoe weight will increase energy use by 5% to 10%. Soft or uneven ground can increase energy use by 40% or more. Climbing stairs greatly increases energy use, and even descending stairs increases energy consumption by 1/3. Leg amputees use more energy because of imbalance, the weight of the artificial limb and the effort it takes to make it move. Many other factors from wearing heavy footwear, to going up and down slopes, to general physical health, all come into play. Sources: *Energy Expenditure of Amputees; National Amputee Center; <http://www.waraps.ca/nac/energy.html>. The Effect of Prosthetic Limb Mass on Walking Energy Cost of Tran-tibial Amputees; Mattes, Sarah J., M.D; Martin, Philip E., PhD and Royer, Todd D., M.D.; Texas Scottish Rite Hospital for Children, Dallas, Texas 75219; Exercise and Sport Research Institute, Arizona State University, Tempe, Arizona, 85287*

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Shower / Commode Wheelchair	Beginning 56 2008	1 X / 5 Years	Aid in bathing and function as portable commode when needed.	Per Unit \$730 - \$905		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending Life Exp.			Per Year		

17

Replacement schedule based on the following study: Source: *Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182).*

Life Care Plan

Robert Gabriel

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
 Extremity Amputations

Wheelchair Accessories and Maintenance

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
MAINTENANCE: <i>Power Wheelchair</i>	Beginning 57 2009	1 X / Year	Maintain equipment	Per Unit	Maintenance on equipment begins one year after each new item is purchased. Maintenance of wheelchairs averages 11% of purchase price. Source: Midwest Association for Medical Equipment Services (Roni Burns)	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 18
	Ending Life Exp.			Per Year \$715 - \$792		
<i>Manual Wheelchair</i>	Beginning 58 2010	1 X / 2 Years (Reflects more limited usage.)	Maintain equipment	Per Unit \$267 - \$388	Maintenance on equipment begins two years after each new item is purchased. Maintenance of wheelchairs averages 11% of purchase price. Source: Midwest Association for Medical Equipment Services (Roni)	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 19
	Ending Life Exp.			Per Year		
<i>Shower Wheelchair</i>	Beginning 57 2009	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 20
	Ending Life Exp.			Per Year \$73 - \$91		
ACCESSORIES: <i>Wheelchair Cushion</i>	Beginning 56 2008	1 X / 3 Years	Positioning and support for wheelchair.	Per Unit \$315 - \$319		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 21
	Ending Life Exp.			Per Year		

Replacement schedule based on the following study: *Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182).*

<i>Cushion Covers</i>	Beginning 56 2008	1 X / Year	Protect cushion	Per Unit \$41 - \$42		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 22
	Ending Life Exp.			Per Year \$41 - \$42		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Robert Gabriel

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
 Extremity Amputations

Wheelchair Accessories and Maintenance

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Transfer Boards (2 each)</i>	Beginning 56 2008	1 X / 2-3 Years	Assist in transfers	Per Unit \$148 - \$278	Unit cost is for both boards.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 23
	Ending Life Exp.			Per Year		
<i>Portable Ramps</i>	Beginning 56 2008	1 X / 10 Years	Accessibility	Per Unit \$279 - \$360		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 24
	Ending Life Exp.			Per Year		
<i>Wheelchair Carrying Pack</i>	Beginning 56 2008	1 X / 2-3 Years	Convenience in carrying personal items.	Per Unit \$42 - \$50		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 25
	Ending Life Exp.			Per Year		
<i>Crutch Holder for Wheelchair</i>	Beginning 56 2008	1 X / 4-6 Years	Carry crutches	Per Unit \$62		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 26
	Ending Life Exp.			Per Year		
<i>Batteries for Power Wheelchair</i>	Beginning 56 2008	1 X / Year, except year new wheelchair purchased.	Power source for wheelchair.	Per Unit \$228 - \$238		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 27
	Ending Life Exp.			Per Year		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Robert Gabriel

Orthotics/Prosthetics

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
 Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Left Above-The-Knee Prosthesis (Primary Prosthesis)	Beginning 56 2008	1 X / 3 Years	Primary Prosthesis	Per Unit \$30000 - \$50000		Ernie Clements, Prosthetist
	Ending Life Exp.			Per Year		

28

Multiple amputees need to be given accurate and up-to-date information on prosthetic componentry, cosmetic limbs, cable-operated prostheses and electric prosthetic limbs. This is particularly so if the patient has lost multiple limbs. They all have their advantages and disadvantages and these need to be carefully explored with their therapists taking into account the amputee's needs and lifestyle and the problems of loss of hand function and overheating. *Source: Davidson, J.H.; Jones, L.E.; Cornet, J. and Cittarelli, T. Rehabilitation In Practice Management of the Multiple Limb Amputee. Disability And Rehabilitation, 2002; Vol. 24, No. 13, 688-699. (Disability and Rehabilitation ISSN 0963-8288 print / ISSN 1464-5165 online © 2002 Taylor & Francis Ltd. <http://www.tandf.co.uk/journals>)*

Left Above-The-Knee Prosthesis (Back-up Prosthesis)	Beginning 56 2008	1 X / 4-6 Years (Replacement schedule reflects less frequent use as compared to primary prosthesis).	Back-up prosthesis	Per Unit \$25000 - \$35000		Ernie Clements, Prosthetist
	Ending Life Exp.			Per Year		

29

The patient will require a perfect technical prosthetic service with the provision of two identical prostheses so that when one limb is requiring repair, they have another prosthesis to use. *Source: Davidson, J.H.; Jones, L.E.; Cornet, J. and Cittarelli, T. Rehabilitation In Practice Management of the Multiple Limb Amputee. Disability And Rehabilitation, 2002; Vol. 24, No. 13, 688-699. (Disability and Rehabilitation ISSN 0963-8288 print / ISSN 1464-5165 online © 2002 Taylor & Francis Ltd. <http://www.tandf.co.uk/journals>)*

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Life Care Plan

Robert Gabriel

Orthotics/Prosthetics

DOB: Feb 3, 1952

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Primary Disability: Bilateral Lower
Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Right Below-The-Knee Prosthesis (Primary Prosthesis)	Beginning 56 2008	1 X / 3 Years	Primary Prosthesis	Per Unit \$13000 - \$19000		Ernie Clements, Prosthetist
	Ending Life Exp.			Per Year		

30

Multiple amputees need to be given accurate and up-to-date information on prosthetic componentry, cosmetic limbs, cable-operated prostheses and electric prosthetic limbs. This is particularly so if the patient has lost multiple limbs. They all have their advantages and disadvantages and these need to be carefully explored with their therapists taking into account the amputee's needs and lifestyle and the problems of loss of hand function and overheating. *Source: Davidson, J.H.; Jones, L.E.; Cornet, J. and Cittarelli, T. Rehabilitation In Practice Management of the Multiple Limb Amputee. Disability And Rehabilitation, 2002; Vol. 24, No. 13, 688-699. (Disability and Rehabilitation ISSN 0963-8288 print / ISSN 1464-5165 online © 2002 Taylor & Francis Ltd. <http://www.tandf.co.uk/journals>)*

Right Below-The-Knee Prosthesis (Back-up Prosthesis)	Beginning 56 2008	1 X / 4-6 Years (Replacement schedule reflects less frequent use as compared to primary prosthesis.)	Back-up prosthesis	Per Unit \$13000 - \$19000		Ernie Clements, Prosthetist
	Ending Life Exp.			Per Year		

31

The patient will require a perfect technical prosthetic service with the provision of two identical prostheses so that when one limb is requiring repair, they have another prosthesis to use. *Source: Davidson, J.H.; Jones, L.E.; Cornet, J. and Cittarelli, T. Rehabilitation In Practice Management of the Multiple Limb Amputee. Disability And Rehabilitation, 2002; Vol. 24, No. 13, 688-699. (Disability and Rehabilitation ISSN 0963-8288 print / ISSN 1464-5165 online © 2002 Taylor & Francis Ltd. <http://www.tandf.co.uk/journals>)*

Maintenance of Primary Lower Extremity Prostheses	Beginning 57 2009	1 X / Year	Maintain equipment	Per Unit	Annual cost is for both primary prostheses.	Ernie Clements, Prosthetist
	Ending Life Exp.			Per Year \$5800 - \$6900		

32

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Life Care Plan

Robert Gabriel

Orthotics/Prosthetics

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
 Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Maintenance of Back-up Lower Extremity Prostheses</i>	Beginning 58 2010	1 X / 2 Years (Reflects less frequent use.)	Maintain equipment	Per Unit \$1900 - \$2700	Unit cost is for both back-up prostheses.	Ernie Clements, Prosthetist
	Ending Life Exp.			Per Year		
						33
<i>Socket Replacement of Both Primary Lower Extremity Prostheses</i>	Beginning 57 2009	1 X / 1-1/2 Years for 5 years; then 1 X / 2-4 years thereafter. Except year new prostheses purchased.	Insure proper fit	Per Unit \$40000	Unit cost is total for socket replacement on both primary prostheses.	Ernie Clements, Prosthetist
	Ending Life Exp.			Per Year		
						34

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Life Care Plan

Robert Gabriel

Orthopedic Equipment

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
 Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Rolling Walker</i>	Beginning 56 2008	1 X / 4-6 Years	Ambulation aid.	Per Unit \$119 - \$135		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 35
	Ending Life Exp.			Per Year		
<i>Platform Forearm Crutches</i>	Beginning 56 2008	1 X / 4-6 Years	Ambulation aid.	Per Unit \$140		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 36
	Ending Life Exp.			Per Year		
<i>Replacement Tips, Grips, Wheels, etc. for Walker and Crutches</i>	Beginning 57 2009	1 X / Year except year new equipment purchased.	Maintain equipment.	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 37
	Ending Life Exp.			Per Year \$35 - \$45		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Robert Gabriel

Home Furnishings and Accessories

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>EZ Stand Mobile Stool</i>	Beginning 56 2008	1 X / 4-6 Years	Facilitates near standing position while relieving pressure from legs.	Per Unit \$111		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 38
	Ending Life Exp.			Per Year		
<i>Raised Toilet Seat</i>	Beginning 56 2008	1 X / 3-4 Years	Enhance independence	Per Unit \$36 - \$61		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 39
	Ending Life Exp.			Per Year		
<i>Tub & Toilet Safety Rails</i>	Beginning 56 2008	1 X Only	Safety aid	Per Unit \$300 - \$400	Estimated cost includes installation by qualified medical retrofitter.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 40
	Ending 56 2008			Per Year		
<i>Power Adjustable Bed with Mattress (Full Size)</i>	Beginning 56 2008	1 X / 7 Years	Positioning, support and ease in getting in and out of bed.	Per Unit \$2300 - \$2350		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 41
	Ending Life Exp.			Per Year		

Replacement schedule based on the following study: *Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182).*

<i>Maintenance of Adjustable Bed</i>	Beginning 57 2009	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 42
	Ending Life Exp.			Per Year \$115 - \$118		

Growth Trend To Be Determined By Economist.

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Life Care Plan

Robert Gabriel

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
 Extremity Amputations

Home Furnishings and Accessories

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Power Lift Recliner</i>	Beginning 56 2008	1 X / 5-7 Years	Ease in going from sitting to standing.	Per Unit \$789 - \$889		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 43
	Ending Life Exp.			Per Year		
<i>Maintenance of Power Lift Recliner</i>	Beginning 57 2009	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 44
	Ending Life Exp.			Per Year \$80 - \$89		
<i>Ablerise Bed Rail</i>	Beginning 56 2008	1 X / 3-4 Years	Assist with getting in and out of bed.	Per Unit \$185		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 45
	Ending Life Exp.			Per Year		

Life Care Plan

Robert Gabriel

Aids for Independent Function

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Environmental Control Unit</i>	Beginning 56 2008	1 X / 4 Years	Allow him to control his environment by voice command or from a single computer source.	Per Unit \$2500 - \$4500	There are numerous types of ECUs on the market with many accessories. The unit cost should be sufficient to cover an ECU to meet Robert's needs.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 46
	Ending Life Exp.			Per Year		

The loss of independence and control of one's environment can lead to low self-esteem and depression. Using an environmental control unit to increase independence and control can improve a person's self-esteem by allowing them to participate in every day living, school, work and leisure activities. This increased independence can reduce the need for a paid attendant, cut down on demands on the family and provide some much needed privacy for the individual with a disability. *Source: Lindstrom, Patti, OTR and Souri, Ghassan, MS, RE. Assistive Technology Program Rehabilitation Institute of Michigan. Everything You Need To Know About Environmental Control Units. CSUN 98 Papers. www.dinf.org/csun_98/csun98_048.htm*

Replacement schedule based on the following study: *Source: Marini, Irmo, Ph.D., CRC, CLCP, FVE and Harper, Dana, MS. Empirical Validation of Medical Equipment Replacement Values in Life Care Plans. Journal of Life Care Planning, Vo. 4, No. 4, (173-182).*

<i>Maintenance/Upgrade of ECU equipment and software</i>	Beginning 57 2009	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 47
	Ending Life Exp.			Per Year \$250 - \$450		
<i>Desk Top Computer</i>	Beginning 56 2008	1 X / 4-6 Years	Operate ECU software.	Per Unit \$0 - \$0	No cost for computer is outlined as they are now considered common household items.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 48
	Ending Life Exp.			Per Year		
<i>Trolley Cart with Trays</i>	Beginning 56 2008	1 X / 3-4 Years	Enhance ability to move things from one area to another	Per Unit \$147 - \$150		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 49
	Ending Life Exp.			Per Year		

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Life Care Plan

Robert Gabriel

Aids for Independent Function

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Primary Disability: Bilateral Lower
Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Folding Shopping Cart</i>	Beginning 56 2008	1 X / 2-3 Years	Assist in moving and carrying items.	Per Unit \$20 - \$40		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 50
	Ending Life Exp.			Per Year		
<i>Adaptive Clothing or Clothing Allowance added for wear and tear secondary to prosthetics.</i>	Beginning 56 2008	1 X / Year	Enhance independence.	Per Unit	Adapted from Veteran's Administration guidelines.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 51
	Ending Life Exp.			Per Year \$677		
<i>Adaptive Equipment</i>	Beginning 56 2008	1 X / Year allowance to purchase or replace equipment.	Enhance Independence.	Per Unit \$100 - \$150		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 52
	Ending Life Exp.			Per Year		

These are examples of some of the adaptive equipment which may be suited for Robert: Long-handled reacher - \$23; Long-reach bathroom cleaner - \$22; Replacement head for bathroom cleaner - \$15; Swiveling Household Scrubber - \$7; Replacement Sponges - \$7; etc.

Life Care Plan

Robert Gabriel

Supplies

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Supplies</i>	Beginning 56 2008	Annual allowance	Care of residual limbs	Per Unit	Examples of skin care products; Skin conditioning cream, antiperspirant cream, antibacterial cleaner, medicated powder, antibacterial moist wipes, antibiotic ointment, antifungal cream, water block bandages, etc.	Paul M. Deutsch, Ph.D., C.R.C., CCM. CLCP, FIALCP and Ernie Clements, Prosthetist
	Ending Life Exp.			Per Year \$300 - \$500		

The skin on a residual limb sustains many stresses making good skin care essential. The skin and tissue of the stump was not designed for weight-bearing nor the uneven pressures and friction against the skin, especially near the brim of the prosthetic socket. These stresses on the skin of the stump create issues in skin care that must be addressed. Proper stump hygiene is essential. An amputee has a smaller surface area of skin, making the body's natural cooling mechanism less efficient. Prosthetic sockets trap sweat against the skin of the stump, and prevent air from circulating around it to dry it. Small disorders quickly get out of hand in the warm, moist environment of the socket and, if not properly treated, could lead to a more serious condition preventing the amputee from wearing the artificial limb until the condition heals. No matter how hard you try to prevent them, sores and abrasions can occur for numerous reasons: the pressure of the socket against the stump causes trauma to the skin and tissue; perspiration builds up in the socket causing friction which leads to abrasions; sockets may be made of materials that are irritants to the body (i.e. cause allergic reactions); and the warm, moist environment of the socket is the perfect breeding ground for bacteria that can cause skin problems. Ulcers, one of the skin disorders affecting amputees, are sores that come from bacterial infections or from circulation problems. They may become chronic if not diagnosed and treated immediately. Wearing a sock can help wick perspiration away from the skin. Wearing a light sock may have a cooling effect, as well as providing additional padding for the stump. Also some amputees report that using strong antiperspirants can help reduce the amount of perspiration produced within the socket. The stump sock needs to be changed every day (and sometimes more often in hot weather), and should be washed as soon as it has been taken off so perspiration doesn't dry in it. *Source: The War Amps: Rehabilitation - Skin Care & Stump Hygiene. National Amputee Center. <http://www.waramps.ca/nac/skin.html#5>*

<i>Stump Socks</i>	Beginning 56 2008	Estimate 10 socks, replaced every 3 months for a total of 40 per year.	Worn under prosthesis to prevent skin breakdown.	Per Unit \$20 - \$24		Paul M. Deutsch, Ph.D., C.R.C., CCM. CLCP, FIALCP and Ernie Clements, Prosthetist
	Ending Life Exp.			Per Year \$800 - \$960		

Wearing a sock can help wick perspiration away from the skin. Wearing a light sock may have a cooling effect, as well as providing additional padding for the stump. Also some amputees report that using strong antiperspirants can help reduce the amount of perspiration produced within the socket. The stump sock needs to be changed every day (and sometimes more often in hot weather), and should be washed as soon as it has been taken off so perspiration doesn't dry in it. *Source: The War Amps: Rehabilitation - Skin Care & Stump Hygiene. National Amputee Center. <http://www.waramps.ca/nac/skin.html#5>*

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Life Care Plan

Robert Gabriel

Medications

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
 Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Prescription Medications</i>	Beginning 56 2008	Annual allowance	Medications as prescribed	Per Unit \$239.65	Lyrica 50 mg (q4hours) - \$239.65 for 120 / month	F. Parker Loren, M.D.
	Ending Life Exp.			Per Year \$2876		

55

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Life Care Plan

Robert Gabriel

Home Care / Facility Care

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Option 1 Private Hire: Attendant Care / Homemaker Services	Beginning	2-4 hours / day to age 65 (730-1,460 hours / year); then 4-6 hours / day (1,460-2,190 hours / year)	Provide personal care when needed, homemaker chores, laundry, shopping, transportation for Robert. An increase in his care needs is anticipated as he ages.	Per Unit	\$9,205 - \$18,411 / year to age 65; then \$18,411 - \$27,616 / year thereafter.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 56
	56 2008			\$12.61		
	Ending			Per Year		
	Life Exp.					

The term "privately-hired" indicates that one hires the caregiver staff directly without the assistance of a home health agency. This is sometimes a less costly alternative, but it is more time intensive. To privately hire a caregiver staff one must advertise, interview, solicit background checks and maintain payroll and accounting. We must also add in an additional 25% factor to the hourly rate to cover matching social security, quarterly unemployment compensation, worker's compensation and appropriate accounting and administrative costs. Mean hourly wage for Home Health Aides in Lake Mary, Florida is \$10.09, plus 25% makes the hourly rate \$12.61. Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics, May 2006 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates, Lake Mary, FL. www.bls.gov.

Option 1 Private Hire: Case Management	Beginning	8-10 hours / month (96 - 120 hours / year)	Coordinate services, assist with private hire staffing and offer support.	Per Unit	It is anticipated that in the private hire options, a case manager would be required at least 8-10 hours per month in order to maintain the private hire employees and the responsibilities attached thereto.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 57
	56 2008			\$80 - \$85		
	Ending			Per Year		
	Life Exp.					
Option 1 Private Hire: House Cleaning Services	Beginning	Regular weekly visits	Provide thorough housecleaning not covered by attendant/ homemaker	Per Unit		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 58
	56 2008			\$50 - \$80		
	Ending			Per Year		
	Life Exp.					

Sources: A Maid Service? Why Start a Maid Service? <http://www.abiz4me.com/startpages2/whystart.htm>. Maid Services of America. Empowering independent residential cleaners. <http://www.maidsofamerica.com/startup.html>

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Life Care Plan

Robert Gabriel

Home Care / Facility Care

DOB: Feb 3, 1952

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Primary Disability: Bilateral Lower
Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Option I Private Hire: Interior / Exterior Home Maintenance to include Lawn Care	Beginning 56 2008	Annual allowance	Maintain home (Assumes own home.)	Per Unit	Weekly lawn care at \$40 to \$50 per week, \$2,080 to \$2,600 per year. Home maintenance 4 to 6 hours per month, plus service fees. \$5,280 to \$7,500 per year.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 59
	Ending Life Exp.			Per Year \$7360 - \$10100		

Sources: Lawn Care Business Information and Software. <http://www.lawncare-business.com/>, Nailing Down a Reliable Dial-a-Handyman Service. Real Estate Journal.com. The Wall Street Journal Guide to Property. <http://www.realestatejournal.com/buildimprove/20050117-schechner.html>

Option II Agency Hire: Attendant Care / Homemaker Services	Beginning 56 2008	2-4 hours / day to age 65 (730-1,460 hours / year); then 4-6 hours / day (1,460-2,190 hours / year).	Provide personal care when needed, homemaker chores, laundry, shopping, transportation for Robert. An increase in his care needs is anticipated as he ages.	Per Unit \$17 - \$20	\$13,505 - \$27,010 / year to age 65; then \$27,010 - \$40,515 / year thereafter.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 60
	Ending Life Exp.			Per Year		

The term "agency hired" refers to soliciting the services of a home health agency to provide a staff of caregivers. Hiring an agency is typically more expensive; however, they handle all of the interviewing, screening, maintenance of staff and accounting. One of the benefits of hiring an agency to provide a caregiver staff is that it is their responsibility to provide a replacement for regular staff in case of illness or inability to present to work.

Option II Agency Hire: Case Management	Beginning 56 2008	2 - 4 hours / month	Coordinate services and offer support.	Per Unit \$80 - \$85		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 61
	Ending Life Exp.			Per Year \$1980 - \$3960		
Option II Agency Hire: House Cleaning Services	Beginning 56 2008	Regular weekly visits	Provide thorough housecleaning not covered by attendant/ homemaker.	Per Unit \$50 - \$80		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 62
	Ending Life Exp.			Per Year \$2600 - \$4160		

Sources: A Maid Service? Why Start a Maid Service? <http://www.abiz4me.com/startpages2/whystart.htm>. Maid Services of America. Empowering independent residential cleaners. <http://www.maidsofamerica.com/startup.html>

Growth Trend To Be Determined By Economist.

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Life Care Plan

Robert Gabriel

Home Care / Facility Care

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Option II Agency Hire: Interior / Exterior Home Maintenance to include Lawn Care	Beginning 56 2008	Annual allowance	Maintain home (Assumes own home)	Per Unit	Weekly lawn care at \$40 to \$50 per week, \$2,080 to \$2,600 per year. Home maintenance 4 to 6 hours per month, plus service fees. \$5,280 to \$7,500 per year.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 63
	Ending Life Exp.			Per Year \$7360 - \$10100		

Sources: Lawn Care Business Information and Software. <http://www.lawn-care-business.com/>, Nailing Down a Reliable Dial-a-Handyman Service. Real Estate Journal.com. The Wall Street Journal Guide to Property. <http://www.realestatejournal.com/buildimprove/20050117-schechner.html>

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Life Care Plan

Robert Gabriel

Future Medical Care Routine

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
 Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Primary Care Physician	Beginning 56 2008	2 X / Year in addition to routine care everyone should have.	Monitor condition	Per Unit \$60 - \$100		Based on foundational research as noted below.
	Ending Life Exp.			Per Year \$120 - \$200		

64

Critical specialties involved in caring for amputees include physiatry, surgery, medicine, physical therapy, occupational therapy, nursing, mental health, social works and prosthetics. This type of teamwork has shown to improve short and long-term outcomes. Additionally, incorporating peer support, vocational rehabilitation, community reintegration and sports and recreational activities greatly enhances a comprehensive program and improves amputees' quality of life and ability to reintegrate into the community. *Source: Pasquina, Paul F. MD; Bryant, Phillip R. DO; Huang, Mark E. MD; Roberts, Toni L. DO; Nelson, Virginia S. MD, MPH; Flood, Katherine M. MD. Limb Deficiency And Prosthetic Management: Focused Review. Advances in Amputee Care. Archives of Physical Medicine and Rehabilitation, Volume 87, Supplement 1, March 2006, pp. S34 - S43.*

Orthopedic Surgeon	Beginning 56 2008	1 X / Year for 3 years	Monitor residual limbs	Per Unit \$80 - \$115		F. Parker Loren, M.D.
	Ending 59 2011			Per Year \$80 - \$115		

65

Critical specialties involved in caring for amputees include physiatry, surgery, medicine, physical therapy, occupational therapy, nursing, mental health, social works and prosthetics. This type of teamwork has shown to improve short and long-term outcomes. Additionally, incorporating peer support, vocational rehabilitation, community reintegration and sports and recreational activities greatly enhances a comprehensive program and improves amputees' quality of life and ability to reintegrate into the community. *Source: Pasquina, Paul F. MD; Bryant, Phillip R. DO; Huang, Mark E. MD; Roberts, Toni L. DO; Nelson, Virginia S. MD, MPH; Flood, Katherine M. MD. Limb Deficiency And Prosthetic Management: Focused Review. Advances in Amputee Care. Archives of Physical Medicine and Rehabilitation, Volume 87, Supplement 1, March 2006, pp. S34 - S43.*

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Life Care Plan

Robert Gabriel

Future Medical Care Routine

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Primary Disability: Bilateral Lower
Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Physiatrist	Beginning 56 2008	Initial evaluation; then 1-2 X / year thereafter.	Assess and monitor rehabilitation needs.	Per Unit \$88 - \$147	Initial eval cost \$150 - \$300; then \$118 - \$235 / year thereafter.	F. Parker Loren, M.D.
	Ending Life Exp.			Per Year		

66

Critical specialties involved in caring for amputees include physiatry, surgery, medicine, physical therapy, occupational therapy, nursing, mental health, social works and prosthetics. This type of teamwork has shown to improve short and long-term outcomes. Additionally, incorporating peer support, vocational rehabilitation, community reintegration and sports and recreational activities greatly enhances a comprehensive program and improves amputees' quality of life and ability to reintegrate into the community. *Source: Pasquina, Paul F. MD; Bryant, Phillip R. DO; Huang, Mark E. MD; Roberts, Toni L. DO; Nelson, Virginia S. MD, MPH; Flood, Katherine M. MD. Limb Deficiency And Prosthetic Management: Focused Review. Advances in Amputee Care. Archives of Physical Medicine and Rehabilitation, Volume 87, Supplement 1, March 2006, pp. S34 - S43.*

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 Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Pain Management Specialist	Beginning 56 2008	Initial evaluation; then 2 - 4 X / year thereafter.	Treat chronic pain.	Per Unit \$63 - \$150	Initial evaluation cost \$209 - \$300; then \$213 - \$426 / year thereafter.	F. Parker Loren, M.D.
	Ending Life Exp.			Per Year		

67

Overall, 95% of amputees reported having one or more types of amputation-related pain. The most common type of amputation-related pain cited was phantom limb pain (79.9%). 67% of those surveyed reported experiencing residual limb pain. Studies among long-standing amputees have demonstrated a prevalence of 55% to 76% at 18 to 50 years post-amputation. The prevalence of self-reported back pain among amputees was 2.2 times that of estimates for the general U.S. population (28%). A large proportion of persons with phantom pain and stump pain reported experiencing severe pain (rating 7-10). Across all pain types, a quarter of those with pain reported their pain to be extremely bothersome. Identifiable risk factors for intensity and bothersomeness of amputation-related pain varied greatly by pain site. However, across all pain types, depressive symptoms were found to be a significant predictor of level of pain intensity and bothersomeness. Chronic pain is highly prevalent among persons with limb loss, regardless of time since amputation. A common predictor of an increased level of intensity and bothersomeness among all pain sites was the presence of depressive symptoms. *Source: Ephraim, P., MPH; Wegener, S., Ph.D., MacKenzie, E., Ph.D., Dillingham, T, M.D., Pezzin, L, J.D., Ph.D. Phantom Pain, Residual Limb Pain and Back Pain in Amputees: Results of a National Survey. Archives of Physical Medicine and Rehabilitation. Volume 86, October 2005, pp. 1910-1919.*

Any patient who undergoes an amputation, whether it be traumatic from an unexpected injury or from planned surgery, can develop phantom pain, stump pain, or both. Following an amputation, abnormal sensations can be felt from the amputated body part; that is, a patient may feel sensations in a limb (or any other amputated body part) which is no longer part of his/her body. In fact, these unusual phantom sensations occur in most people following amputation. The sensations can be changes in size or position, or actual feelings of heat, cold, or touch. In some patients, these abnormal sensations include pain. Because the pain is experienced in a part of the body that is no longer present, it is called phantom pain. Stump pain is located at the end of an amputated limb's stump. Unlike phantom pain, it occurs in the body part that actually exists, in the stump that remains. It typically is described as a "sharp," "burning," "electric-like," or "skin-sensitive" pain. Stump pain is due to a damaged nerve in the stump region. Nerves damaged in the amputation surgery try to heal and may form abnormally sensitive regions, called neuromas. A neuroma can cause pain and skin sensitivity. *Source: Phantom and Stump Pain. Pain Medicine and Palliative Care - StopPain.org.*

Life Care Plan

Robert Gabriel

Future Medical Care Routine

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Primary Disability: Bilateral Lower
Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Prosthetist	Beginning 56 2008	1-2 X / Year	Monitor prosthetics	Per Unit \$0 - \$0	No charge for follow-up visits with prosthetist. This is included in the cost of the prostheses.	F. Parker Loren, M.D.
	Ending Life Exp.			Per Year		

68

Critical specialties involved in caring for amputees include physiatry, surgery, medicine, physical therapy, occupational therapy, nursing, mental health, social works and prosthetics. This type of teamwork has shown to improve short and long-term outcomes. Additionally, incorporating peer support, vocational rehabilitation, community reintegration and sports and recreational activities greatly enhances a comprehensive program and improves amputees' quality of life and ability to reintegrate into the community. *Source: Pasquina, Paul F. MD; Bryant, Phillip R. DO; Huang, Mark E. MD; Roberts, Toni L. DO; Nelson, Virginia S. MD, MPH; Flood, Katherine M. MD. Limb Deficiency And Prosthetic Management: Focused Review. Advances in Amputee Care. Archives of Physical Medicine and Rehabilitation, Volume 87, Supplement 1, March 2006, pp. S34 - S43.*

Amputees need to be given accurate and up-to-date information on prosthetic componentry, cosmetic limbs, cable-operated prostheses and electric prosthetic limbs. This is particularly so if the patient has lost multiple limbs. They all have their advantages and disadvantages and these need to be carefully explored with their therapists taking into account the amputee's needs and lifestyle and the problems of loss of hand function and overheating. *Source: Davidson, J.H.; Jones, L.E.; Cornet, J. and Cittarelli, T. Rehabilitation In Practice Management of the multiple limb amputee. Disability And Rehabilitation, 2002; Vol. 24, No. 13, 688-699. (Disability and Rehabilitation ISSN 0963-8288 print / ISSN 1464-5165 online © 2002 Taylor & Francis Ltd. <http://www.tandf.co.uk/journals>).*

X-rays of Residual Limbs	Beginning 56 2008	1 X / year	Monitor for complications	Per Unit \$93 - \$121	Unit cost is total for both residual limbs. Unit cost is fee per body part. Annual cost is for both residual limbs.	F. Parker Loren, M.D.
	Ending Life Exp.			Per Year \$186 - \$242		

69

Several postoperative complications associated with pain may develop in the stump of an amputated lower limb. Clinical findings are often nonspecific; however, radiologic evaluation, especially with magnetic resonance (MR) imaging, is useful in the early diagnosis of these complications, thereby helping minimize physical disability with its psychologic and socioeconomic implications. Conventional radiography can demonstrate evidence of osseous origins of pain (e.g., aggressive bone edge, heterotopic ossification, osteomyelitis) and should be the first imaging study performed after clinical examination. Videofluoroscopy can help evaluate improper prosthetic fit by demonstrating abnormal residual limb motion, piston action, rolling of soft tissues, and abnormal angle between the limb axis and the prosthesis during gait. Ultrasonography can demonstrate inflammatory changes in the stump as well as soft-tissue fluid collections. However, MR imaging is the modality of choice when clinical and other imaging findings are indeterminate. Because of its high spatial and contrast resolution, MR imaging can demonstrate subtle inflammatory changes, fluid collections, cancers, neuromas, and subtle traumatic bone lesions. Knowledge of various surgical and rehabilitation techniques is required for accurate diagnosis of complications associated with stump pain. Correct diagnosis allows choice of the most appropriate therapy, which may involve treating the stump, remodeling the prosthesis, or both. *Source: Henrot Philippe MD, Stines, Joseph MD, Walter, Frédéric MD, Martinet, Noel MD, Paysant, Jean MD and Blum, Alain MD. Extremities - Imaging of the Painful Lower Limb Stump. RadioGraphics 2000; 20:S219-S235 © RSNA, 2000.*

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Life Care Plan

Robert Gabriel

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
 Extremity Amputations

Future Medical Care Aggressive Treatment

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Revision of Residual Limbs</i>	Beginning 60 2012	1-2 X per limb over the course of life.	Periodic revision of limbs to facilitate comfortable prosthetic fit.	Per Unit	The following costs are for one limb. Surgeon fee and anesthesia \$3,649 - \$4,189 (2007 dollars). Hospital charges \$22,745 - \$36,209 (2005 dollars). Economist should adjust.	F. Parker Loren, M.D. indicates limb revisions are a possibility in the future.
	Ending Life Exp.			Per Year		

70

Growth Trend To Be Determined By Economist.

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Life Care Plan

Robert Gabriel

Transportation

DOB: Feb 3, 1952

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Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
 Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
<i>Automatic Transmission Vehicle</i>	Beginning 56 2008	1 X / 5-7 Years	Ease in operating vehicle.	Per Unit \$1000 - \$1200	The unit cost represents the difference between the cost of a vehicle with a manual transmission and the cost of a vehicle with an automatic transmission.	Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 71
	Ending Life Exp.			Per Year		
<i>Hand Controls for Automobile</i>	Beginning 56 2008	1 X / 5-7 Years with purchase of new vehicle.	Operate automobile.	Per Unit \$289 - \$379		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 72
	Ending Life Exp.			Per Year		
<i>AAA Membership</i>	Beginning 56 2008	1 X / Year	Emergency assistance	Per Unit \$60 - \$81		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 73
	Ending Life Exp.			Per Year		
<i>Power Wheelchair Carrier</i>	Beginning 56 2008	1 X / 5-7 Years	Transport power wheelchair	Per Unit \$900 - \$1000		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview 74
	Ending Life Exp.			Per Year		

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Life Care Plan

Robert Gabriel

Architectural Renovation(s)

DOB: Feb 3, 1952

D/A: Oct 22, 2007

Date Prepared: Mar 17, 2008

Primary Disability: Bilateral Lower
 Extremity Amputations

Item / Service	Age Year	Frequency/ Replacement	Purpose	Cost	Comment	Recommended By
Architectural Renovations	Beginning 56 2008	1 X Only	Accessibility	Per Unit \$50000		Paul M. Deutsch, Ph.D., CRC, CCM, CLCP, FIALCP based on medical information and client interview
	Ending 56 2008			Per Year		

Modifications/Architectural Renovations, according to Moreo Brothers, includes the following:

Minimal modifications can average \$6,000 - \$10,000. This would include: Roll-in shower, personal shower head with 6' hose, anti-scald device, grab bars, handicap toilet, slip-resistant floor tile and 36" doorway. **More extensive modifications can average \$8,000 - \$14,000.** This would include the above items plus: Enlargement of bathroom size to accommodate wheelchair turning radius (best accomplished if a walk-in closet adjoins the bathroom), roll-under vanity sink with lever or single-pull faucets, lowered mirror over the sink, insulated pipes to prevent leg burns, additional lighting, accessible towel bars, soap dish and toilet paper dispenser. Accessible design that is implemented at the time architectural plans are drawn for a single-family home can be provided in a cost-effective manner that is also aesthetically appropriate. For example, new single-family home blueprints can include 36" doorways with lever handle hardware; support backing placed in the walls of bathrooms for present/future grab bars; low-incline concrete walkways to eliminate steps at the front & rear entries; accessible electrical switches & lighting; curbless, roll-in showers; and other significantly important accessibility features for the existing or potential needs of homeowners. **On average, the cost to build a fully accessible single-family home in the U.S. is approximately 8% - 12% of the total cost of "standard" construction.** (1) Moreo, James, *Moreo Construction*, 1820 SW 100 Ave., Miramar, FL 33025 (954) 432-4999; (2) Moreo, Nick, *Moreo Construction*, 130 NW 72nd Terrace, Pembroke Pines, FL 33024 (954) 435-6749; (3) Moreo, Roy, *Moreo Construction*, 46 Meadow Lake Circle N., Lake Placid, FL 33852 (941) 699-5968.

An additional source to use, and one which should be used by the economist if no specific house evaluation has been accomplished, is the \$50,000 grant the Department of Veteran's Affairs allows for accessibility requirements for disabled veterans.