

July 26, 2017

**RE: Jane Doe**

**Date of Birth: November 27, 1950**

**Date of Event: September 15, 2015**

**Present age: 66 years**

**Diagnosis:**

- Periprosthetic fracture of the right humerus with spiral fracture of humeral shaft
- Complete right radial nerve palsy
- Impaired right upper extremity function
- Limited movements of right shoulder, elbow, wrist, and hand
- Weakness, pain, and swelling of right arm
- Radial nerve palsy throughout right wrist and fingers
- Decreased strength in the right forearm extensor muscles
- Flexion contracture of right forearm, wrist, and fingers
- Right radial neuropathy
- Right ulnar neuropathy (Asymptomatic)
- Right wrist contracture, and right hand contracture
- Right wrist fusion, tendon transfer of radial nerve palsy

### **LIFE CARE PLAN FOR JANE DOE**

This file was referred for preparation of a Life Care Plan on behalf of Jane Doe. The purpose of this evaluation is to assess the extent to which she had incurred disabling conditions secondary to the injuries she sustained from a motor vehicle collision that occurred on September 15, 2015.

A Life Care Plan is a detailed report that identifies the needs and services, both medical and non-medical, of an individual who is catastrophically injured or chronically ill over their lifetime. As a certified rehabilitation counselor and certified life care planner, I assess the impact these disabling conditions infringe on an individual's ability to demonstrate independent activities of daily living and the extent to which they direct the need for medical and rehabilitation intervention. In addition, I offer opinions on the level of assistance, services, aids, and equipment required to facilitate maximum functional independence and quality of life.

The conclusions, medical cost projections, information, and recommendations presented in Ms. Doe's Life Care Plan are based upon:

- A comprehensive review of the available medical records
- A telephonic interview on \_\_\_\_, with Ms. Jane Doe. The interview lasted \_\_ hours

- Sound medical rehabilitation, case management, and psychological principles for foundation and support of the recommendations contained within this report
- Research of relevant clinical practice guidelines to further establish needs and recommendations as well as support medical and case management foundation
- Research on current information of the listed diagnoses for foundation and support of the recommendations
- Research for durable medical goods/supplies and other products and services

### **RECORDS REVIEWED**

<b>DATE</b>	<b>RECORD REVIEWED</b>
09/15/2015	Arizona Crash Report
09/29/2015-09/30/2015	Hospitalization records from Arizona Arrowhead Campus
10/12/2015-04/20/2016	Physical therapy records from Anthems Sports Medicine and Rehabilitation
05/25/2016	Surgery report from Gateway Surgery Center
09/15/2016	Emergency room record from Banner Gateway Medical Center
09/16/2015-10/11/2016	Consultation report, follow-up visits, X-ray reports, and telephonic encounters from TOCA (The Orthopedic Clinic Association)
01/24/2015-11/23/2016	Occupational therapy records, and orthosis records from Cactus Rehab – Mess/Gilbert
04/17/2015-11/25/2016	Office visits for pain management from Steven Adler, M.D., P.C.

### **SUMMARY OF RECORDS REVIEWED**

On September 15, 2015, Ms. Doe was the restrained driver of a vehicle which was involved in a rear-ended collision. Following the collision, she was transported to Banner Gateway Medical Center for evaluation of injuries sustained in the collision.

In the emergency room, David Jones, M.D., examined Ms. Doe for the complaint of severe pain in her right shoulder. She also complained of headache, and pain in her back. She reported tingling and numbness in her finger tips. On examination, she appeared distressed. She had tenderness in her back. She had an abrasion in the left occipital skull with a small non-active bleeding. She had tenderness in the mid humerus. X-rays of right humerus, and lumbar spine were obtained and reviewed.

The X-ray of right humerus revealed the following:

- An oblique moderately displaced and mildly angulated mid right humeral shaft fracture just distal to the tip of the arthroplasty hardware stem component

The X-ray of lumbar spine revealed the following:

- Moderate osteoarthritis

Assessment:

- Right humeral fracture involving prosthesis, and radial nerve palsy

Morphine, Zofran, Tdap, and Toradol were administered, and ice was applied to her right shoulder. A sling was applied to her right shoulder. A telephonic consultation was held with Justin Smith, P.A., (Dr. Thompson assistant) who stated that radial nerve palsy would get better in time, and recommended her to follow-up with Dr. Thompson the next day. She was instructed to apply ice to her right shoulder. She was advised to follow-up with Dr. Thompson and was discharged home.

On September 16, 2015, Ms. Doe presented to Evan Thompson, M.D., at TOCA Arrowhead Clinic for evaluation of spiral fracture in her right humerus. She reported severe pain. She had a sling and an ace wrap swathe applied to her right arm. On examination, she had swelling in her right arm. She was unable to extend her right wrist and fingers because of complete radial nerve palsy. She was unable to oppose her thumb and utilize her first dorsal interosseous muscle. She had stiffness in her neck as well. Dr. Thompson re-reviewed the X-ray of right humerus obtained in the emergency room and stated that she had a spiral fracture distal to her humeral prosthesis involving the humerus with displacement. There was no evidence of failure or dislocation of the reverse shoulder arthroplasty.

A repeat X-ray of right humerus was obtained and the study revealed the following:

- Adequate alignment of fracture, with some displacement at the fracture site

Assessment:

- Periprosthetic fracture of the right humerus with spiral fracture of humeral shaft
- Complete radial nerve palsy

A Sarmiento humeral fracture brace was recommended. She was referred to Hanger Prosthetics and Orthotics to obtain the brace.

On the same day, a brace was applied and she returned for a re-evaluation. The doctor stated that she may require an open reduction with internal fixation. The doctor planned to try nonoperative therapy with a Sarmiento humeral fracture brace. Discussions were held on nerve palsies, and she was instructed on the use of the Sarmiento fracture brace. She was advised to follow-up in five days for a re-evaluation.

On September 18, 2015, Ms. Doe presented to Steven Adler, M.D., for evaluation of pain in her right shoulder.

Assessment:

- Chronic right shoulder pain

Oxycontin and Percocet were prescribed for pain.

On September 21, 2015, Ms. Doe had a follow-up visit with Dr. Thompson for evaluation of right shoulder. She presented with the complaint of weakness in her right shoulder. On examination, she had edema in her right arm. The right radial nerve was still not functioning. She had medial and ulnar nerve function. She was wearing a Sarmiento brace, and the fitting was adjusted by the bracing department.

A repeat X-ray of right humerus was obtained and the study revealed the following:

- Acceptable alignment of fracture, with persistent displacement

She was instructed to continue using the Sarmiento brace, and she was instructed on daily brace adjustment. Her prognosis was guarded. She was instructed to move her right hand to reduce edema. She was advised to follow-up in a week for re-evaluation.

On September 29, 2015, Ms. Doe had a follow-up visit with Dr. Thompson for evaluation of right shoulder. She reported persistent radial nerve palsy. On examination, she had ecchymosis throughout the right humerus. She had weakness in her right wrist.

A repeat X-ray of her right humerus was obtained and the study revealed the following:

- The fracture was not adequately aligned

Assessment:

- Right periprosthetic humeral fracture

Dr. Thompson recommended open reduction and internal fixation. The doctor planned to perform the surgery in a posterior approach with neurolysis of the radial nerve, plating and cerclage wiring of the fracture. The doctor scheduled the surgery at Arrowhead Hospital and instructed her to stay at the hospital overnight.

On the same day, Ms. Doe presented to John Paul Jones, D.O., at Arizona Arrowhead Campus to get admitted for an open reduction and internal fixation of right humeral fracture. She presented with discomfort in her right shoulder. On examination, her right arm was immobilized in a sling.

Assessment:

- Periprosthetic humeral fracture, status post open reduction and internal fixation
- Obstructive pulmonary disease, appears stable
- Diabetes type 2, questionable control
- Gastroesophageal reflux
- Obstructive sleep apnea
- History of migraine headaches
- History of gastric bypass
- Remote history of deep venous thrombosis provoked by acute illness and hospitalization

She was medically stable. Physical therapy and occupational therapy evaluation was recommended. Lovenox was recommended as a prophylaxis for deep venous thrombosis. The doctor planned so that she would resume most of her home medication with some minor adjustments until she was eating and drinking well. The doctor instructed her to check labs the next morning. Oral and intravenous analgesics were recommended for pain management.

On the same day, Dr. Thompson performed the following procedure under general anesthesia.

Procedure:

- Open reduction and internal fixation of right mid shaft periprosthetic humeral fracture, and neurolysis of right radial nerve, neurovascular bundle

A post-operative X-ray of right humerus was obtained and the study revealed stable post-operative findings.

On September 30, 2015, at 07:51 a.m., Julie Grimes, P.A., examined Ms. Doe. She was out of bed. The surgical dressing was clean, dry, and intact.

Assessment:

- Post-operative day one, open reduction and internal fixation, periprosthetic right humeral fracture, doing well

Oral pain medications were recommended. She was instructed to keep the dressing and splint clean, dry, and intact. The physical assistant planned to discharge her once she was medically cleared. She was advised to follow-up with Dr. Thompson in seven to ten days after discharge.

At 08:30 a.m., Cocoa Chenel, OTRL., performed an initial occupational therapy evaluation. Ms. Doe stated that she had been receiving help from her friend for activities of daily living, and instrumental activities of daily living. She reported the pain in her right arm as 6/10. On examination, she required assistance for transfer, gait, balance, self-feeding, grooming, bathing, donning and doffing clothes and toileting. She had edema in her right arm. The movements of her right arm were noted to have become limited. She demonstrated prevalence of right wrist drop. She had decreased strength in her arms. She had a splint and sling in her right arm. She received ADL retraining, instructions on fall prevention strategies, home, and bathroom safety. As discharge was planned, the therapist recommended her to follow-up with Dr. Thompson for further shoulder rehabilitation recommendations.

At 09:14 a.m., Dr. Payne examined Ms. Doe. She reported persistent right radial nerve palsy. She stated that she wanted to get discharged.

Assessment:

- Periprosthetic humeral fracture status post trauma, complicated by radial nerve palsy, status post open
- reduction and internal fixation, and neurolysis radial nerve
- Obstructive pulmonary disease, appears stable
- Diabetes type 2, questionable control
- Gastroesophageal reflux
- Obstructive sleep apnea
- History of migraine headaches
- History of gastric bypass
- Remote history of deep venous thrombosis provoked by acute illness and hospitalization
- Anemia ac blood lose
- Tachycardia 2/2 svns, asymptomatic

Dr. Payne stated that she was medically stable and recommended discharge.

At 10:15 a.m., Matthew Dillon performed an initial physical therapy evaluation. Ms. Doe complained of pain in her right shoulder. On examination, she required assistance for bed mobility, and transfer. She could function without loss of balance. The therapist recommended out-patient physical therapy after discharge.

At 11:18 a.m., Dr. Payne discharged Ms. Doe from care.

On October 09, 2015, Dr. Thompson obtained an X-ray of Ms. Doe's right humerus and the study revealed the following:

- Status post open reduction internal fixation with a long fracture plate with anatomic alignment and concentrically reduced shoulder replacement

On the same day, Ms. Doe presented to Tony Romo at TOCA Phoenix DME for evaluation of pain in her right shoulder. She reported the pain level as 5/10. A cocked-up splint was applied to her right wrist. She was instructed on donning and doffing the device, and advised to follow-up.

On October 12, 2015, Ms. Doe presented to Gabe Park, P.T., at Anthem Sports Medicine and Rehabilitation for the complaint of pain in her right shoulder, wrist, and hand. She also complained of numbness in her right fingers. She reported the pain level as 6-8/10. On examination, she had a brace in her right arm, a splint in her right wrist, and an Ace wrapped in her entire right arm. The movements of her right shoulder and right wrist were noted to have decreased.

Assessment:

- Impaired right upper extremity function
- Limited movements of right shoulder, elbow, wrist, and hand
- Weakness, pain, and swelling of right arm

Physical therapy for right wrist and elbow was recommended. She was recommended to receive three sessions of therapy a week for six weeks.

On October 14, 2015, Ms. Doe had a telephone conversation with Julie Grimes, PA-C., of TOCA Phoenix Clinic. She stated that the cock-up splint was not supporting her right wrist. She stated that the splint kept her wrist up instead of keeping it in a down position. She requested a custom-made wrist extension splint.

On October 16, 2015, Julie Grimes, PA-C., ordered a custom-made wrist splint.

On the same day, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of post-operative pain in her right shoulder. Oxycontin and Percocet were prescribed. She was advised to follow-up in four weeks.

On October 22, 2015, Ms. Doe presented to Michelle Jordan, O.T.R., at Cactus Rehab – Mesa/Gilbert for custom prosthesis. She reported decreased strength in her right wrist and fingers. A forearm-based wrist gauntlet orthotic was fabricated and the orthotic was secured with Velcro strapping. She had difficulty donning and doffing the orthosis. She received assistance from her spouse.

On October 30, 2015, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of post-operative pain in her right shoulder. Oxycontin and Percocet were prescribed. She was recommended to continue pain management strategies. She was advised to follow-up in four weeks.

On the same day, Ms. Doe returned to the Michelle Jordan, O.T.R., at Cactus Rehab – Mesa/Gilbert for the complaint of discomfort with the wrist orthosis. She stated that she required help to move her fingers. A custom fabricated radial nerve palsy orthosis was provided for her right elbow. Soft finger slings and rubber band traction were used to assist with right finger extension.

On November 09, 2015, Ms. Doe had a follow-up visit with Dr. Thompson for post-operative evaluation of right arm. She reported persistent wrist drop. She was using a custom-made splint. On examination, the surgical wound was healing. The right radial nerve was still non-functional. An X-ray of her right humerus was obtained and the study revealed the following:

- Good overall alignment and position, status post open reduction and internal fixation of humerus fracture with early callus formation

Assessment:

- Stable status post open reduction and internal fixation of humerus fracture with complete radial nerve palsy

She was referred to occupational therapy for management of right radial nerve palsy. She was instructed to discontinue the Sarmiento brace and sling. She was advised to follow-up in four weeks.

On the same day, Ms. Doe returned to the Michelle Jordan, O.T.R., at Cactus Rehab – Mesa/Gilbert for complaint of broken splint. An orthosis was provided and she was advised to follow-up in 12 weeks.

On November 24, 2015, Ms. Doe returned to the Michelle Jordan, O.T.R., for splint adjustment.

On December 07, 2015, Ms. Doe returned to the Michelle Jordan, O.T.R. for splint adjustment. She stated that the splint was not holding her fingers up. She stated that she was hospitalized two times for pneumonia. On examination, the movements of her right wrist were noted to have become limited with extreme tightness. She had edema in the distal aspect of right arm. A low profile radial nerve custom orthosis was provided. She was instructed to remove the orthosis while sleeping. She reported that she was not wearing any type of splint at sleep time.

On December 08, 2015, Ms. Doe returned to the Michelle Jordan, O.T.R., for splint adjustment.

On December 11, 2015, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of post-operative pain in her right shoulder. Oxycontin and Percocet were prescribed. She was advised to follow-up in four weeks.

On December 14, 2015, Ms. Doe had a follow-up visit with Dr. Thompson for the complaint of pain in the fracture site, and stiffness in her right shoulder. She reported discomfort along the distribution of radial nerve. An X-ray of her right humerus was obtained and the study revealed the following:

- Consolidated mid-shaft humeral fracture with abundant callus formation and stable appearance of reverse shoulder arthroplasty implant

Assessment:

- Stable appearance of reverse shoulder arthroplasty implant verified on X-rays

Dr. Thompson recommended her to continue occupational therapy. She was referred for a hand surgery consultation for evaluation of radial nerve deficiency. She was encouraged to start using her fractured arm. She was advised to follow-up in six weeks.

On December 15, 2015, Ms. Doe returned to the Michelle Jordan, O.T.R., for splint adjustment. She stated that the rubber in the splint was not holding her fingers properly.

On January 05, 2016, Ms. Doe returned to the Michelle Jordan, O.T.R., for splint adjustment. She stated that the splint was not fitting and her skin had become reddish.

On January 07, 2016, Ms. Doe returned to the Michelle Jordan, O.T.R., for initial occupational therapy evaluation at Cactus Rehab – Mesa/Gilbert for management of right humerus fracture and right radial nerve palsy. She was a right hand dominant person. She was unable to extend her fingers, and wrist. She was using a radial nerve orthosis and a night time wrist orthosis. She complained of stiffness in her right wrist and fingers. She required assistance for self-care such as hygiene, grooming, (washing body parts, washing whole body, drying oneself, caring for skin, caring for teeth, caring for hair, caring for nails), dressing (putting on and removing clothes, putting on and removing footwear). She had sleep disturbance and difficulty cooking a meal, driving community distance, carrying, moving and handling objects. She was unable to use her right arm for pulling or pushing objects, reaching, or turning her arm, twisting her hand, throwing, and catching objects. She had difficulty with fine hand use for picking up, grasping, manipulating, releasing, objects and for community integration and access. On examination, the skin over the ulnar head, and radial styloid areas were reddish because of the orthosis. Scars were noted along the dorsal of humerus area. The movements of her right arm, wrist, and fingers were noted to have decreased. She had decreased strength in the muscles of her right arm. She had decreased sensation in the dorsal aspect of her right thumb. The glide movements in her right hand were noted to have become restricted.

Assessment:

- Radial nerve palsy throughout right wrist and fingers
- Decreased strength in the right forearm extensor muscles
- Flexion contracture of right forearm, wrist, and fingers



Her primary limitations were carrying, moving, and handling objects. The therapist stated that her symptoms were limiting her ability to complete her selfcare activities independently. Skilled treatment was recommended to address flexion contracture and to assist with muscle return to forearm and fingers. She was recommended to receive three sessions of occupational therapy a week for eight weeks. Her treatment consisted of therapeutic exercises, therapeutic activity, neuromuscular rehabilitation, manual therapy, Splinting and tapping, wound care, debridement, iontophoresis, patient education, home exercises program, and modalities such as electrical stimulation, ultrasound, phonophoresis, paraffin bath, cryotherapy, and hot pack. She received therapeutic exercises, manual therapy, and hot pack, and cold pack. She was advised to follow-up.

On January 08, 2016, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of post-operative pain in her right shoulder. Oxycontin and Percocet were prescribed. She was advised to follow-up in four weeks.

On January 18, 2016, Ms. Doe presented to Josh Wojadubakowski, M.D., at TOCA Mesa Clinic for evaluation of right arm dysfunction. She reported limited movements in her right wrist. She was unable to grip with her right hand. On examination, she had decreased strength in her right wrist. She was unable to make a composite fist, or a composite flexion with her right fingers. The flexion of her right wrist overpowered digital flexion. She had intrinsic tightness. The movements of her right wrist, right fingers, and right elbow were noted to have become limited. She had weakness with flexion of right fingers.

Assessment:

- Right radial nerve palsy

She was advised to continue therapy. She was recommended to obtain an electro-diagnostic nerve study for further evaluation, and advised to follow-up after the nerve study.

On January 25, 2016, Ms. Doe had a follow-up visit with Dr. Thompson for evaluation of periprosthetic mid-shaft humerus fracture. She reported pain in her right shoulder and arm. On examination, she was wearing a hand splint in her right hand. The movements of her right wrist had decreased.

Assessment:

- Stable right total shoulder arthroplasty and healed shaft fracture
- Radial nerve palsy

She was recommended to continue therapy. She was instructed to follow-up with Dr. Wojadubakowski for the management of radial nerve palsy. She was advised to follow-up in two months for re-evaluation of right humerus fracture.

On February 02, 2016, Christopher Herrmann, M.D., obtained an EDX of right arm from TOCA Phoenix Clinic. The study revealed the following:

- Abnormal study

- EDX consistent with a severe right axonal radial neuropathy. There were signs of nerve continuity to the triceps and brachioradialis. There were no voluntary motor units to the extensor indicis proprius. No signs of electrical continuity on stimulation between the elbow and extensor indicis proprius
- EDX consistent with right ulnar neuropathy across the elbow, primarily demyelinating without findings of active axonal loss
- EDX consistent with either right axillary neuropathy to the middle head of the deltoid versus local muscle trauma status post-surgical excision through the deltoid. No other findings suggestive of an upper trunk brachial plexopathy or C5 radiculopathy on EMG testing.
- No EDX findings of right median neuropathy across the former wrist

She was advised to follow-up with Dr. Wojadubakowski.

On March 18, 2016, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of post-operative pain in her right shoulder. Oxycontin and Percocet were prescribed. She was advised to follow-up in four weeks.

On March 28, 2016, Ms. Doe had a follow-up visit with Dr. Wojadubakowski for evaluation of right arm dysfunction. She was unable to pull her thumb back or fully straighten her right wrist and fingers. She had discomfort in the shoulders and reported the level of discomfort as 4/10. She stated that she was hospitalized for Escherichia Coli pneumonia. She received antibiotic therapy through a PICC (Percutaneous Inserted Central Catheter) line at a skilled nursing facility. She was discharged on March 12, 2016. On examination, she had swelling in her right fingers. She was unable to make a composite fist using her right hand. She had decreased strength in her right wrist. Dr. Wojadubakowski was unable to get her to a full fist passively. The doctor reviewed the electro-diagnostic study and stated that she had right radial neuropathy, right ulnar neuropathy at the elbow, and right axillary nerve abnormality. The radial neuropathy was limiting her distal function.

Assessment:

- Right radial neuropathy
- Right ulnar neuropathy: this appeared to be asymptomatic

She was referred for occupational therapy to regain passive motion. She was recommended to receive three sessions of occupational therapy a week for four weeks. Dr. Wojadubakowski planned to perform a tendon transfer, and advised her to follow-up in a month.

From October 14, 2015, through April 14, 2016, Ms. Doe received physical therapy from Anthems Sports Medicine and Rehabilitation for management of pain in her right shoulder, wrist, and hand. During the interim visits, pain in her thumb and fingers aggravated because of the brace. She had persistent swelling in her right arm. She was unable to use her right hand. She had been using her left hand extensively to compensate for the diminished functionality of her right hand. She reported pain in the lateral aspect of right upper arm. She also reported pain over the scar in the posterior aspect of her right arm. She had pain in the scar especially at night. She reported falling off her bed. She stated that she fell on her right shoulder and had increased pain. She reported the pain level as 8-9/10. Her treatment consistent of therapeutic exercises,

manual therapy, electrical stimulation, neuromuscular reeducation, group therapy, and ultrasound. She was advised continue therapy four times a week for three weeks.

On April 15, 2016, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of post-operative pain in her right shoulder. Oxycontin and Percocet were prescribed. She was advised to follow-up in four weeks.

On April 20, 2016, Ms. Doe had a follow-up visit with Gabe Park, P.T., at Anthems Sports Medicine and Rehabilitation for the complaint of pain in her lateral proximal aspect of right arm. She reported difficulty cooking, driving and self-care tasks because of impairment in her right arm. On examination, she had pain localized in the lateral aspect of right upper arm. She reported the pain level as 7-9/10. She had a kyphotic upper back, protracted shoulder, compensatory right shoulder elevation with flexion and abduction. The movements of her right shoulder were noted to have decreased. She had decreased strength in her right shoulder.

Assessment:

- Status post humeral fracture and neurolysis of right radial nerve, neurovascular bundle

The therapist stated that she had cancelled 4 sessions of therapy since March 21, 2016. She continues to struggle with health issues which significantly impact her rehabilitation. She was unable to carry, move or handle objects and her impairment rating was 70%. She had persistent pain in her right shoulder in addition to deficits in her right wrist and hand. She continued to have difficulty with activities of daily living and any overhead activities. She was advised to continue skilled physical therapy four times a week for three weeks. Her treatment plan consisted of stretching strengthening, manual therapy, and modalities to restore earlier level of function and to address other deficits.

From January 12, 2016, through April 20, 2016, Ms. Doe received occupation therapy from Cactus Rehab – Mesa/Gilbert for the management of radial nerve palsy throughout her right wrist and fingers, decreased strength in the right forearm extensor muscles, and flexion contracture of right forearm, wrist, and fingers. During the interim visits, she had persistent tightness in her right wrist. She was unable to function without the splint. She was unable to adjust to the JAS splint as well. Fatigue set in easily in her right arm. She reported difficulty cutting food, and grasping objects without the splint. She was frustrated about not being able to drive. Her treatment consisted of therapeutic exercises, electrical stimulation, manual therapy, hot pack, cold pack, and neuromuscular re-education.

On April 22, 2016, Ms. Doe had a follow-up visit with Julie Grimes PA-C at TOCA Phoenix Clinic for a post-operative evaluation. She reported the pain level in her right shoulder as 6/10. She continued to have radial nerve palsy postoperatively and it was considered as a complete nerve injury. She had decreased range of motion in her right shoulder. She reported that she had minimal improvement with therapy. On examination, the movements of her right upper extremity were noted to have decreased. An X-ray of her right shoulder was obtained and the study revealed the following:

- Hardware in a stable position

- There were no signs of osteolysis or loosening. The right humerus plate had maintained concentric reduction with good union for a midshaft humerus fracture

Assessment:

- Right shoulder pain

The physician assistant advised her to continue treatment with Dr. Wojadubakowski for right wrist drop. She was instructed to stop therapy and continue home exercises, as she had no improvement in symptoms. She was advised to follow-up in six months for a re-evaluation.

On April 25, 2016, Ms. Doe had a follow-up visit with Dr. Wojadubakowski at TOCA Mesa Clinic for the complaint of persistent pain in her right wrist pain. She could not pull her wrist or fingers back. She reported inability to make a fist. She could not use her hand to wipe herself or prepare a meal. On examination, the movements of her right fingers had become restricted. She was unable make a full composite fist.

Assessment:

- Right radial nerve neuropathy, with no improvement in function

Dr. Wojadubakowski stated that her right wrist would not passively extend further and despite going through therapy, she had no significant improvement in function. The doctor also stated that a tendon transfer specifically for wrist extension would not really work. She was recommended to undergo right wrist arthrodesis, tendon transfer for extensor pollicis longus function, and tendon transfer for digit extension. The doctor stated that she would need postoperative cast and therapy for four to six weeks to regain movements in her digits. The doctor also stated that surgery may or may not work well.

On May 13, 2016, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of pain in her right shoulder. Oxycontin and Percocet were prescribed. She was advised to follow-up in four weeks.

On May 25, 2016, Dr. Wojadubakowski performed the following procedures under general anesthesia at Gateway Surgery Center for the management of right radial nerve palsy, right wrist contracture, and right hand contracture.

Procedures:

- Right total wrist arthrodesis
- Forearm tendon transfer, flexor carpi radialis tendon to the extensor digitorum communis
- Carpometacarpal area tendon transfer, middle finger flexor digitorum superficialis tendon transfer to the extensor pollicis longus

On June 03, 2016, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of post-operative pain in her right shoulder. Oxycontin and Percocet were prescribed. She was advised to follow-up in four weeks.

On June 7, 2016, Ms. Doe had a follow-up visit with Dr. Wojadubakowski at TOCA Phoenix Clinic for a postoperative evaluation of her right wrist. She had been in a splint. On examination, she had swelling in her right wrist and bruises were visible. The surgical scars were closed and the sutures were removed. The motion of her fingers was not tested due to the tendon transfers. An X-ray of her wrist was obtained and the study revealed the following:

- Demonstrated a dorsal fusion plate
- Well aligned
- No signs of breakage

Assessment:

- Right radial nerve palsy
- Status post right wrist fusion and tendon transfers

Her wrist was placed in a right extension short arm fiberglass cast. She was advised to follow-up in three to four weeks. She was recommended to receive therapy after brace was removed.

On June 24, 2016, Ms. Doe was discharged from occupational therapy because she had undergone right wrist surgery.

On June 27, 2016, Ms. Doe had a follow-up visit with Dr. Wojadubakowski at TOCA Mesa Clinic for complaint of right wrist pain. Her right wrist was placed in a cast. The cast was removed. On examination, she had limited movements in her fingers. An X-ray of her right wrist was obtained and the study revealed the following:

- Plate remained in place
- Fusion appeared to be consolidating

Assessment:

- Right wrist fusion, tendon transfer of radial nerve palsy

A right extension volar fiberglass splint was applied including her right thumb. Occupational therapy was recommended, and she was instructed to follow-up in four weeks.

On June 28, 2016, Ms. Doe presented to Michelle Jordan, O.T.R., for an initial occupational therapy evaluation at Cactus Rehab – Mesa/Gilbert for the management of pain and stiffness in her right hand. She reported the pain level as 7-10/10. She was unable to perform hygiene activities, and household chores. She had sleep disturbance. She had difficulty driving, and carrying, moving, and handling objects. She had difficulty pulling, pushing, reaching, turning, and twisting hand, throwing, catching, and picking up, grasping, manipulating, and releasing. On examination, her upper extremity quick DASH score was 79.55/100. She was using custom orthosis for radial nerve palsy and hand resting. The movements of her right shoulder were noted to have become limited. She had decreased strength in her right thumb and fingers. She reported numbness and tingling along the surgical site.

**Assessment:**

- Status post wrist fusion, flexor carpi radialis tendon to the extensor digitorum communis and middle finger flexor digitorum superficialis tendon transfer to the extensor pollicis longus

The therapist stated that she presented with significant stiffness and weakness in her right fingers, and her symptoms were limiting her ability to perform self-care activities. Skilled treatment was recommended to address her functional limitations. She was recommended to receive three sessions of occupational therapy a week for eight weeks. Her treatment plan consisted of therapeutic exercises, therapeutic activity, neuromuscular rehabilitation, manual therapy, splinting, and taping, wound care, iontophoresis, patient education, home exercise program, and modalities such as electrical stimulation, ultrasound, phonophoresis, paraffin bath, and hot packs. She received therapeutic exercises, and manual therapy. She was advised to follow-up.

On July 01, 2016, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of pain in her right shoulder. Oxycontin and Percocet were prescribed. She was advised to follow-up in four weeks.

On July 25, 2016, Dr. Wojadubakowski obtained an X-ray of Ms. Doe's right wrist at TOCA. The study revealed the following:

- Fused wrist with plate and stable screw construct

On the same day, Dr. Wojadubakowski referred her to an occupational therapist to improve passive range of motion, active range of motion and edema in her right wrist. She was recommended to receive three sessions of therapy a week for four weeks.

On July 29, 2016, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of pain in her right shoulder. The dosage of Oxycontin was decreased and the dosage of Percocet was increased. She was advised to follow-up in four weeks.

On August 29, 2016, Ms. Doe had a follow-up visit with Dr. Wojadubakowski at TOCA Mesa Clinic for the complaint of pain in her right shoulder, and soreness in her right fingers. She stated that she was wearing a splint for 30 minutes two times a day. On examination, she was noted to have limited digital motion. She was unable to make a composite fist with her right hand. An X-ray of her right wrist was obtained and the study revealed the following:

- Solid wrist fusion mass
- Plate appeared to be stable

**Assessment:**

- Right wrist fusion
- Right radial nerve palsy
- Status post tendon transfer

She was advised to continue therapy to improve movements of her right hand. She was instructed to continue using her Cactus flexion brace. She was recommended to resume work with modified duty from

August 29, 2016. She was instructed to avoid the use of her right extremity and was advised to follow-up in four weeks.

On September 02, 2016, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of pain in her right shoulder. She reported the pain level as 2/10. Percocet was prescribed. She was advised to follow-up in four weeks.

On September 19, 2016, Ms. Doe presented to Dr. Thompson at TOCA Phoenix Clinic for the complaint of in her right shoulder. She reported pain along her right radial nerve. She had a wrist fusion. She reported her pain level as 8/10. On examination, her right shoulder was functionally limited. An X-ray of her right wrist was obtained and the study revealed the following:

- The plates and screw were in a normal alignment and position without loosening
- There was a reverse total shoulder arthroplasty with normal alignment without loosening

Dr. Thompson stated that her right wrist was poorly functioning as she had complications from her injury. She was advised to follow-up in six months.

On September 30, 2016, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of persistent pain in her right shoulder. She reported her pain level as 3/10. Gabapentin and Percocet were prescribed. She was advised to follow-up in four weeks.

On October 11, 2016, Ms. Doe had a follow-up visit with Dr. Wojadubakowski at TOCA Phoenix Clinic for complaint of pain in her right wrist. She reported the pain level as 7/10. She had instability and weakness in her right wrist. She had difficulty sleeping. Pain exacerbated with activity and alleviated with medication, ice application and wrist elevation. On examination, the movements of her right thumb had become limited. She could not make a composite fist. She had good finger motion. An X-ray of her right wrist was obtained and the study revealed the following:

- Total wrist fusion appeared to have healed

Assessment:

- Right wrist fusion
- Right radial nerve palsy
- Status post tendon transfer

She no longer required night extension splinting. Dr. Wojadubakowski instructed her to continue occupational therapy and home exercise to improve flexion in her right fingers.

From June 29, 2016, through November 15, 2016, Ms. Doe received occupation therapy from Cactus Rehab – Mesa/Gilbert for management of pain and stiffness in her right hand. During the interim visit, she had difficulty cooking, bathing and doing her hair because of limitations in her right shoulder and wrist. She had difficulty making a fist, grabbing a cup, or using a knife. She was unable to use a pair of scissors, write, drive, and prepare a light meal. Her hand tired easily and she reported most of her discomfort in the right

upper arm. Her treatment consisted of therapeutic exercises, manual therapy, electrical stimulation, hot pack, cold pack, and neuromuscular re-education.

On November 18, 2016, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of pain in her right shoulder. Discussions were done. No medications were prescribed. She was advised to follow-up in a week.

On November 23, 2016, Ms. Doe had a follow-up visit with Michelle Jordan, O.T.R., to receive occupational therapy for management of pain and stiffness in her right hand. She was unable to open jars or carry heavy objects. She continued to have difficulty making a full fist. On examination, the movements of her right arm were noted to have decreased. She had decreased grip power in her right hand. She reported numbness and tingling over the surgical site.

Assessment:

- Right finger mobility in flexion was tight

She was using her splint to stretch her right fingers to flexion. She received therapeutic exercises, manual therapy, hot pack, and cold pack. The therapist stated that she had limited ability to make a fist in her right hand. Home exercises were reviewed and she was discharged from care.

On November 25, 2016, Ms. Doe had a follow-up visit with Dr. Adler for the complaint of pain in her right shoulder. Urine drug screening was performed. She was advised to follow-up in 4 weeks.

#### **CURRENT MEDICAL CARE**

- Tony Lau M.D., is a Family Practitioner, of Desert Globe Family Medical at Gilbert, Arizona. Her Phone no. is: 480-545-9686. Ms. Doe is following up with Dr. Lau once a month for refill of pain medications

#### **CURRENT MEDICATIONS**

- Percocet 5/325 mg twice per day
- Seroquel 300 mg for sleep
- Gabapentin 800 mg three time a day
- Over the counter pain medication (Tylenol, Aleve, etc.)

#### **HISTORY AND BACKGROUND INFORMATION**

Jane Doe, a 66-year-old right-hand-dominant and retired woman, lives at 3104 E. Broadway Lot 146, Mesa, Arizona 85206 with her spouse, Cedar, age 70. They live in a one level house with 2 bedrooms and 2 bath rooms. They have 4 children, and all of them live out of state. They live with no support, other than each other. Mr. Cedar recently underwent bilateral hip replacement surgery.

As a result of the event on September 15, 2015, Ms. Doe sustained injury to her entire right arm. She has been suffering persistent pain, weakness, and stiffness in her right arm. She has been using her left hand



extensively to compensate for the impaired functionality of her right hand. She has adapted herself to use her left hand. She is unable to grip using her right hand. She has been eating with her left hand and faces difficulty getting the cutlery to her mouth. She is unable to write legibly. She uses her left hand and an I-pad with Stylus, for writing.

Ms. Doe has been treating for more than one and a half years. She underwent extensive treatment to regain functionality in her right arm. Despite all efforts, she continues to suffer pain at the fracture site and the over the plate location. She is always in pain. She has good days and bad days. She stated that her right fingers get locked, when she attempts to strain her right hand. She has been receiving assistance from her husband to perform activities of daily living. She continues to do home exercises. She continues to require assistance for any activity that requires her to use her right arm.

### **CURRENT FUNCTIONAL STATUS**

(As reported by Ms. Doe)

#### **FUNCTIONS PERFORMED WITH ASSISTANCE:**

- Ms. Doe has been receiving help from her husband for Heavy cooking, heavy cleaning, all lifting, and all shopping. She is unable to push the grocery cart, when it becomes heavy. Mr. Cedar helps her to pack, unpack, and put the groceries away
- He assists her in getting in and out of the shower, drying herself, applying lotion, dressing upper body, fastening garments, such as buttons, zippers, fasten bra. She has difficulty with fine motor activities. She requires assistance to tie her shoelaces. She receives assistance for bed mobility and to get in and out of bed
- She requires an assistant to perform activities that require use of both hands, such as lifting, pushing, and pulling
- She has appointed a maid, Molly for cleaning service once every 2 weeks

#### **OTHER FUNCTIONAL LIMITATIONS:**

- She is unable to pour liquid from a bottle or container
- She is unable to lift more than 5 pounds using her right arm
- She is unable to use the hand rail while ascending and descending the stairs
- She has difficulty staying asleep. She uses a pillow to support her right hand
- She has difficulty with toilet hygiene (put wipes in the equipment, aids, and accessories table)

#### **EQUIPMENT PURCHASED BECAUSE OF THE INJURY:**

- Power lift recliner
- Raised toilet seat, purchased in 2016 (Should be replaced every 7-8 years); uses handles on the seat to get off and on to the toilet
- Shower seat
- Wall grab-bars in the shower

**FUNCTIONS PERFORMED INDEPENDENTLY WITHOUT DIFFICULTY:**

- She can wear elastic clothes
- She can drive locally

**LIFE CARE PLAN RECOMMENDATIONS AND COST PROJECTION**

Ms. Doe continues to receive treatment and pain medications from Tony Lau M.D., (Family Practitioner). She also receives assistance from her husband and a maid. The attached tables will detail the recommendations for Ms. Doe's future care needs. A life care plan is a preventative plan; therefore, recommendations for prevention, early detection, and minimizing complications are included.

Clinical practice guidelines are systematically developed documents which are published to provide specific recommendations to standardize the process of diagnosis and treatment of common clinical disorders for clinicians, patients, and healthcare practitioners. The following clinical practice guidelines related to periprosthetic humeral fracture, radial nerve palsy, tendon transfer, and wrist fusion were consulted for foundation and support of the recommendations noted in the attached tables.

[http://www.achot.cz/dwnld/achot\\_2011\\_6\\_490\\_500.pdf](http://www.achot.cz/dwnld/achot_2011_6_490_500.pdf)

<http://www.boneandjoint.org.uk/content/jbjsbr/87-B/12/1647.full.pdf>

<http://www.iomcworld.com/ijcrimph/files/v04-n05-41.pdf>

<http://www.thieme.com/media/samples/pubid1030458428.pdf>

[http://www.wcb.pe.ca/DocumentManagement/Document/pub\\_disabilitydurationguidelinesandexpectedhealingtimes.pdf](http://www.wcb.pe.ca/DocumentManagement/Document/pub_disabilitydurationguidelinesandexpectedhealingtimes.pdf)

<http://www.houstonmethodist.org/orthopedics/where-does-it-hurt/wrist/wrist-fusion/>

<http://emedicine.medscape.com/article/1286712-treatment#d9>

According to the National Vital Statistics Reports, Vol. 66, No. 3, April 11, 2017; Table 3. Life table for females: United States, 2013; the Statistical Life Expectancy of Ms. Doe (DOB: December 19, 1950) a 66-year-old woman is 19.7 years.

**Routine Medical Evaluation – Table 1**

Ms. Doe continues to receive treatment and pain medications from Tony Lau M.D. According to the office visit dated April 25, 2016, Dr. Wojadubakowski stated that right wrist arthrodesis and tendon transfer may not provide results as expensed. Therefore, she may need additional evaluations for any persistent symptoms in her right arm. Based on the clinical practice guidelines, she may need additional evaluation by an Orthopedist, Plastic Surgeon, and Pain Management Specialist to address persistent symptoms, functional deficits, and aesthetics.

**Therapeutic Evaluation – Table 2**

According to the guideline below, Ms. Doe will most likely suffer residual pain, and functional deficits because of permanent impairment in her right arm. She will need supportive care and intermittent occupational therapy evaluation to manage her functional deficits in her right arm with appropriate home exercises program, modalities, and re-education.

[http://www.wcb.pe.ca/DocumentManagement/Document/pub\\_disabilitydurationguidelinesandexpectedhealingtimes.pdf](http://www.wcb.pe.ca/DocumentManagement/Document/pub_disabilitydurationguidelinesandexpectedhealingtimes.pdf)

Ms. Doe has also reported sleep disturbance and she is currently taking medications for sleep. According to the guideline below, she will need psychological and behavioral therapy evaluation for the management of sleep problems.

<http://www.aasmnet.org/Resources/clinicalguidelines/040515.pdf>

### **Therapeutic Modalities – Table 3**

Ms. Doe is currently pursuing a program of home exercises. She will need periodic follow-up with her occupational therapist to modify her home exercise program based on her strength, stamina, and functionality. She will also need occupational therapy modalities at the time of increased symptoms.

### **Diagnostic Testing – Table 4**

Ms. Doe had been following-up with her surgeons for post-operative evaluations of right arm. She will need periodic X-rays of her right shoulder and right wrist to evaluate the progress of healing and other possible abnormalities that may develop because of ageing, minor trauma, physical strain, etc.

### **Equipment and Aids – Table 5**

Ms. Doe stated that she has been using equipment such as power lift recliner, raise toilet seat, shower seat, and wall grab bars in her shower. Her raise toilet seat will require replacement once in every seven to eight years, and her shower seat will require replacement once in five to seven years. Her power lift recliner, and grab bars are also subjected to wear and tear, therefore, she will need to replace them at least once in a life time. She has been using a pillow to support her right arm while sleeping, she will need to replace her support pillow every year. Her home exercise program will be created and modified by her occupational therapist, and her therapist will most likely recommend exercise equipment for home use.

### **Pharmacology – Table 6**

Ms. Doe continues to take the following medication:

- Percocet 5/325 mg twice per day
- Seroquel 300 mg for sleep
- Gabapentin 800 mg three time a day
- Over the counter pain medication (Tylenol, Aleve, etc.)

She will need pharmacological intervention to maintain her symptoms at baseline, and to control pain exacerbations.

**Home Care Services – Table 7**

Ms. Doe stated that she has been receiving assistance from her husband for functional activities, self-care, shopping, and household chores. She has also appointed a maid who provides home cleaning services once in two weeks. Therefore, she will need a home cleaning services, home health care services and home maker services for the rest of her life.

**SUMMARY AND CONCLUSION**

Jane Doe, present age 66 was injured on September 15, 2015. Since the event, she has been suffering pain and stiffness in her entire right dominant arm. She failed to respond to extensive conservative treatment and ultimately required surgical interventions. Despite receiving such medical care, she continues to suffer persistent pain and functional deficits in her right arm.

The attached tables will detail the recommendations and yearly costs associated with caring for Ms. Doe. The expenditures noted in this report will be presented in 2017 dollars. This cost projection does not consider the costs for potential medical complications as the frequency and severity cannot be predicted.

After you have had a chance to review the narrative report and the attached Life Care Plan, please do not hesitate to contact me should you have further questions.

Opinions expressed in this evaluation are based upon the information at the time of authorship. Should new information become available that would alter the opinions herein, the right is reserved to author addendum report. The methodologies applied in this evaluation are considered to be within an industry standard, and to a degree of vocational Life Care Planning probability.

Respectfully Submitted,

ATTACHMENTS:      Appendix A - Life Care Plan

**Appendix A****Total Expenditures for Jane Doe**

<b>Table Number</b>	<b>Table Title</b>	<b>Total Cost Projection</b>
1	Routine Medical Evaluation	\$54,840.00
2	Therapeutic Evaluation	\$11,152.00
3	Therapeutic Modalities	\$24,000.00
4	Diagnostic Testing	\$5,300.00
5	Equipment and Aids	\$3,454.00
6	Pharmacology	\$4,279.42
7	Home Care Services	\$744,747.20
	Total Cost Projection	\$847,772.62

**Routine Medical Evaluation - Table 1**

<b>Routine Medical Evaluations</b>	<b>Start year</b>	<b>End Year</b>	<b>Years</b>	<b>Frequency (Per Year)</b>	<b>Cost Per Visit</b>	<b>Annual Cost</b>	<b>Lifetime Total</b>	<b>Comments</b>
Family physician follow-up	66.6	85.7	19.1	12	\$200.00	\$2,400.00	\$45,840.00	Ongoing care
Additional specialist as needed	66.6	85.7	5	6	\$300.00	\$1,800.00	\$9,000.00	Follow-up for right wrist fusion and right shoulder implant

**Total:****\$54,840.00****Source:**

The Physicians Fee Reference 2017

**CPT code:**

99214, Additional Specialist includes orthopedics, plastic surgery, and pain management specialist

**Therapeutic Evaluation – Table 2**

<b>Therapeutic Evaluations</b>	<b>Start year</b>	<b>End Year</b>	<b>Years</b>	<b>Frequency (Per Year)</b>	<b>Cost Per Visit</b>	<b>Annual Cost</b>	<b>Lifetime Total</b>	<b>Comments</b>
Occupational therapy evaluation	66.6	85.7	10	4	\$272.00	\$1,088.00	\$10,880.00	Assess status, home program and equipment needs
Psychological evaluation	66.6	85.7	1	1	\$272.00	\$272.00	\$272.00	Initial evaluation

**Total:****\$11,152.00****Source:**

The Physicians Fee Reference 2017

**CPT code:**

97003, 90792

**Therapeutic Modalities – Table 3**

<b>Therapeutic Modalities</b>	<b>Start year</b>	<b>End Year</b>	<b>Years</b>	<b>Frequency (Per Year)</b>	<b>Cost Per Visit</b>	<b>Annual Cost</b>	<b>Lifetime Total</b>	<b>Comments</b>
Home exercise	66.6	85.7	19.1	365	\$0.00	\$0.00	\$0.00	Ongoing care
Occupational therapy modalities	66.6	85.7	5	24 (Sessions Per Year)	\$200.00	\$4,800.00	\$24,000.00	As recommended by the treating occupational therapist

**Total:****\$24,000.00****CPT code:**

97010, 97140, and 97110 for occupational therapy modalities (Hot/cold packs, therapeutic exercises, and manual therapy)



**Diagnostic Testing - Table 4**

<b>Diagnostic Testing</b>	<b>Start year</b>	<b>End Year</b>	<b>Years</b>	<b>Frequency (Per Year)</b>	<b>Cost Per Item</b>	<b>Annual Cost</b>	<b>Lifetime Total</b>	<b>Comments</b>
X-ray right shoulder	66.6	85.7	5	2	\$270.00	\$540.00	\$2,700.00	Follow-up for humerus fracture
X-ray right wrist	66.6	85.7	5	2	\$260.00	\$520.00	\$2,600.00	Follow-up for wrist fusion

**Total:****\$5,300.00****Source:**[www.newchoicehealth.com](http://www.newchoicehealth.com)**CPT Code:**

73030, 73100

**Equipment and Aids - Table 5**

<b>Equipment and Aids</b>	<b>Start year</b>	<b>End Year</b>	<b>Years</b>	<b>Frequency (Per Year)</b>	<b>Cost Per Item</b>	<b>Annual Cost</b>	<b>Lifetime Total</b>	<b>Comments</b>
Bed Pillow for Right Upper limb comfort and support	66.6	85.7	19.1	1	\$50.00	\$50.00	\$955.00	Replaced annually for ongoing support, comfort, and hygiene
Exercise equipment for home	66.6	85.7	1	1	\$500.00	\$500.00	\$500.00	Maintain strength
Power Lift Recliner	66.6	85.7	1	1	\$1,599.00	\$1,599.00	\$1,599.00	Safety and independence
Raise toilet Seat 1 per 7-8 years	66.6	85.7	2	1	\$50.00	\$50.00	\$100.00	Safety during bathing
Shower Seat 1 Per 5-7 years	66.6	85.7	3	1	\$50.00	\$50.00	\$150.00	Safety during bathing
Wall Grab Bars in Shower	66.6	85.7	1	1	\$150.00	\$150.00	\$150.00	Ongoing care

**Total:****\$3,454.00****Sources:**

<http://www.allegromedical.com/daily-living-aids-c519/reachers-c3622.html>

[http://www.adaptiveaccess.com/grab\\_bars\\_shower\\_tub.php](http://www.adaptiveaccess.com/grab_bars_shower_tub.php)

**Pharmacology - Table 6**

Pharmacology	Start year	End Year	Years	Frequency (Per Year)	Cost	Annual Cost	Lifetime Total	Comments
Percocet 5/325 mg twice a day	66.6	85.7	5	2 Tabs daily for 365 days	\$23.08/120 tablets	\$140.40	\$702.00	Medications, dosage, and frequency will change depending on symptoms
Seroquel 300 mg at night	66.6	85.7	5	1 Tab daily for 365 days	\$12.6/30 Tabs	\$153.30	\$766.50	Sleep medications
Gabapentin 800 mg three times a day	66.6	85.7	5	3 Capsules daily for 365 days	\$48.80/100 Caps	\$534.36	\$2,671.80	Ongoing care for pain relief
Tylenol	66.6	85.7	2	1 Tablet daily/ as and when required	\$22.98/325 Tablets	\$25.80	\$51.60	Ongoing care for pain relief
Aleve	66.6	85.7	2	1 Tablet daily/ as and when required	\$11.99/100 Tablets	\$43.76	\$87.52	Ongoing care for pain relief

**Total****: \$4,279.42****Sources:**[www.goodrx.com](http://www.goodrx.com)[www.walgreens.com](http://www.walgreens.com)

**Home Care Services – Table 7**

<b>Home Care/Facility Care</b>	<b>Start year</b>	<b>End Year</b>	<b>Years</b>	<b>Frequency (Per Year)</b>	<b>Cost</b>	<b>Annual Cost</b>	<b>Lifetime Total</b>	<b>Comments</b>
Home maker services 15 hours per week \$20.00 per hour	66.6	85.7	19.1	52	\$300.00	\$15,600.00	297,960.00	To replace the services of Mr. Cedar
Home health attendant services 20 hours per week \$20.00 per hour	66.6	85.7	19.1	52	\$400.00	\$20,800.00	397,280.00	To replace the services of Mr. Cedar
Molly maid cleaning service 1 time every 2 weeks	66.6	85.7	19.1	24	\$108.00	\$2,592.00	\$49,507.20	Service in place

**Total:****: \$744,747.20****Sources:**

[https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/cost-of-care/118928TX\\_040115\\_gnw.pdf](https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/cost-of-care/118928TX_040115_gnw.pdf)