

The Person with Amputation and Their Life Care Plan

Robert H. Meier III, MD^{a,b,c,*},

Anthony J. Choppa, MEd, CRC, CCM, CDMS^{d,e},

Cloie B. Johnson, MEd, ABVE-D, CCM^{d,e,f}

KEYWORDS

• Amputation • Life care plan • Prosthetics • Methodology • Standards of practice

KEY POINTS

- The life care planner/case manager relies on the medical community to determine the nature and extent of impairment after a person has had an amputation.
- The life care planner/case manager has specific training in the medical aspects of disability.
- Physical medicine and rehabilitation physicians, also known as physiatrists, provide appropriate medical foundation for recommendations within their scope of practice.
- Prosthetists also may provide medical foundation for recommendations within their scope of practice.
- The life care planner/case managers/physicians focus on the unique rehabilitation needs of the individual patient.

INTRODUCTION

The physiatrist who specializes in rehabilitation of amputees may have experience and expertise to inform the life care planning process.¹ These areas may include the following assessments, therapies, and recommendations:

1. Expectation and changes of function throughout the amputee's life span
2. Potential medical issues that are likely or possibly to be encountered over the lifetime as an amputee

Funding Sources: None to disclose.

Conflict of Interest: None to disclose.

^a Amputee Services of America, 1601 East 19th Avenue, Suite 3200, Denver, CO 80218, USA;

^b American Academy of Physical Medicine and Rehabilitation, 9700 West Bryn Mawr Avenue, Suite 200, Rosemont, IL 60018-5701, USA; ^c St. Petersburg College, P.O. Box 13489, St. Petersburg, FL 33733-3489, USA; ^d OSC Vocational Systems, Inc, 10132 Northeast 185th Street, Bothell, WA 98011, USA; ^e International Association of Rehabilitation Professionals, 1926 Waukegan Road, Suite 1, Glenview, IL 60025-1770, USA; ^f International Academy of Life Care Planners, 1926 Waukegan Road, Suite 1, Glenview, IL 60025-1770, USA

* Corresponding author.

E-mail address: skipdoc3@gmail.com

Phys Med Rehabil Clin N Am 24 (2013) 467–489

<http://dx.doi.org/10.1016/j.pmr.2013.03.004>

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3. Most useful prosthetic prescription(s)
4. Frequency of prosthetic replacement (may be in conjunction with the prosthetist)
5. Necessary or useful adaptive equipment
6. Work restrictions given the type(s) of amputation
7. Date most likely that the amputee will achieve maximum medical improvement
8. Types of therapies recommended over the life span, including but not limited to physical therapy, occupational therapy, psychological counseling, vocational rehabilitation, and case management
9. Visits to both the physiatrist and other specialty physicians
10. Life expectancy determination
11. Level of assistance necessary throughout life span
12. Expected emotional adaptation to amputation and the necessity of counseling services with frequency and longevity
13. Pain issues, including potential treatments and prognosis for pain improvement

The life care planner/case manager is part of the multidisciplinary specialty practice of life care planning. The accepted definition of a life care plan and the standards of practice that are published by the International Academy of Life Care Planners (IALCP)² are discussed elsewhere in this issue so are not repeated here.

The life care planner/case manager looks to the medical community to define the nature and extent of impairment. The life care planner/case manager does not diagnose or prescribe medical treatment, unless this individual is a physician qualified to do so. The life care planner/case manager has specific training in the medical aspects of disability. The life care planner/case manager has particular expertise in translating the medical implications and prognosis as determined by the physician for a specific patient into recommendations for independent living, employment, and other rehabilitation areas. Specific medical recommendations and many rehabilitation recommendations must come from the medical expert(s), whereas the life care planner/case manager provides recommendations within their specific area of training and knowledge of local resources available and, importantly, the cost of those services and items.

The physiatrist involved in life care plan preparation may also be familiar with local and national trends in prosthetic fitting and the costs of various prostheses. A prosthetist may also be asked to provide a quote for their own prosthetic costs in the life care plan; a physiatrist may be familiar with the costing of prostheses and what costs are locally and nationally.

The life care plan must focus on the needs of the individual patient; the patient and their needs are treated as a unique case study with an *n* of 1.³

Frequently, when a life care plan is coordinated for a patient involved in litigation, courts mandate deadlines and rules of evidence.⁴ These deadlines may not be compatible with the patient's having reached maximum medical improvement. In these circumstances, a prognosis from a qualified physician(s) is more critical than ever. However, the standards of practice must be adhered to regardless of any artificially imposed deadline to ensure that proper foundation and methodology are used when preparing the life care plan. The specialized knowledge brought to this collaborative process then ensures a reliable and valid plan, focused on the rehabilitative needs of the individual patient.

The plan resulting from the collaborative process uses both quantitative and qualitative approaches combined with clinical judgment or what is sometimes referred to as experience understood of both the physician and life care planner/case manager.⁵ The practitioner's specialized knowledge, grounded in proper methodology within the

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