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Federal Employers' Liability Act (FELA): *Occupational Life Care Planning*

An Excerpt from the FELA Case Study, Prepared by Kevin Trangle & Associates

LIFE CARE PLANNING (LCP)

Kevin Trangle & Associates (KTA)

A Life Care Plan was (LCP) prepared for Mr. G. Life Care Planning is a regular part of the assessments done hand in hand by an Occupational Medicine doctor experienced in LCP conjunction with either the certified LCP in our office, or with one chosen by the attorney.

Together, we often prepare life care plans, assessing the variety of different medical needs of an individual into the future based upon their incident-related claims and diagnoses. Mr. G was referred to Kevin Trangle & Associates (KTA) for the development of a Life Care Plan. The KTA team developed a custom Life Care Plan to address current and future medical and non-medical needs related to the injuries Mr. G sustained.

KTA provided Mr. G with a comprehensive Life Care Plan report that addressed current and future medical treatment recommendations with associated costs as related to the accident. Recommendations included in this Life Care Plan report were based on a reasonable degree of certainty in an effort to manage symptoms, reduce complications/secondary diagnosis, maintain functioning and optimize independence throughout Mr. G's lifespan. Every aspect the plan care was reviewed by a treating physician, expert physician consultant or other specialist trained and certified, such as a physical therapist, or others. All this is done keeping in mind the Daubert criteria in order to have medically sound and supportable report.

KTA made recommendations based on information provided by medical provider medical records and an Independent Medical Examination, as well as knowledge/experience from this Life Care Planner. The Life Care Plan report and tables were completed following a review of the provided medical records, his examination findings and assessment questionnaire.

Mr. G was evaluated by Dr. Kevin Trangle and his team of specialists. At this time, Mr. G completed a Life Care Plan Assessment questionnaire.

Mr. G had been employed at his former company for 22 years, working his way up from a Hostetler to a Conductor. As a Conductor, his responsibilities included occasional lifting and carrying up to 20 pounds of weight and an occasional need to push 100 pounds to throw a switch. His position required bending, stooping, squatting and sitting less than occasionally, and continuous standing and ambulating. Repetitive climbing was frequent with occasional reaching up and continuous reaching out. His fiancé is employed as a counselor. He has three children ages five and three-years and six-months old. He does find it difficult to watch them.

He does not smoke tobacco and drinks up to one cup of coffee per day. He does daily back stretch and sleeps up to five hours per night. He has difficulty standing at times and cannot bend. He intermittently wears a back and knee brace as well as using a cane for ambulation. Mr. G reported ongoing lower back pain and numbness. He stated that he is currently not receiving any specific treatment while waiting on his insurance to cover the costs. He did, however, state that he was scheduled to have lumbar trigger point injections and lumbar blocks, most likely facet and epidural. With regard to self-care, on some days he is unable to put on his own socks and finds putting on his upper body clothing is easier than dressing his lower body.

Mr. G is able to perform very little yard work or home maintenance and performs no car maintenance. His fiancé completes most of the household chores including shopping, cleaning and meal preparation. For the majority of the chores, they have a house cleaner who comes twice a month as well as a lawn service for outdoor maintenance. He does assist with laundry at times and they otherwise utilize a laundry service. Depending on how he is feeling, he is able to take care of his finances and bill paying. He does not participate in community outings and on many days remains at home. However, Mr. G is able to drive as necessary.

A typical day for him was described as follows: he awakens, usually in pain, and does stretching exercises he learned in physical therapy. He runs errands and visits a friend's cigar shop, trying to learn the business. He also takes care of his young son and walks him in a stroller at a nearby mall. He tries to perform normal activities, but his pain can flare at any time and as the result of doing too much activity. Mr. G reported ongoing back pain with less radicular symptoms than prior to his laminectomy. Prior to his injury, he had instances of back and sciatica pain.

KTA SUMMARY & TREATMENT RECOMMENDATIONS

It is anticipated Mr. G will have chronic symptoms and residual disabilities resulting from the work-related accident. Given the severity of his medical condition, it is also anticipated long term medical care is expected through his life. As Mr. G ages, complications are likely. Various treatments have been discussed including placement of a spinal cord stimulator as well as ultimately a lumbosacral fusion operation which should be deferred as long as can be. His treating surgeon opined that he ultimately would require a spinal fusion.

I am in full agreement, he will require additional lumbar surgery to include an instrumented fusion. The literature and the set of circumstances in this instance, in a man of only 46 years of age, would imply there is a high likelihood of needing future surgery, on the order of 80% or more. I would expect the need for multiple surgical interventions.

He will require additional x-rays, MRIs and CT scans, periodic physician visits, oral medications, physical therapy and interventional pain procedures such as epidural steroid injections, facet injections and facet rhizotomy.

According to Dr. Kevin Trangle, Social Security Retirement and Survivors Benefits yields an average life expectancy of a 48 year old to be 37.5 additional years, which was used in determining frequency and cost of Mr. G's medical/psychological/rehabilitation needs.

While it is not possible to predict with absolute certainty all future medical and technological advances or associated complications pertaining to Mr. G's case, it is highly likely over the course of his lifetime Mr. G will incur an estimated total cost in the amount of \$1,400,000 for his future medical care. The Life Care Plan is a projection of Mr. G's current and future medical and non-medical needs and should be updated with significant changes to his condition.