

LIFE CARE PLAN

Client: _____

DOB: _____

Date of Injury: _____

Date Prepared: _____

Evaluator: Chapman Thompson, RN, CLNC

Referral Source: _____

Jurisdiction: _____

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I. INTRODUCTION

This Life Care Plan identifies the medically probable and reasonably necessary future care needs of the above-referenced individual as a direct result of traumatic injuries sustained on the date noted above.

Recommendations are based on medical record review, functional implications of the documented injuries, accepted standards of care for traumatic brain injury and spinal cord injury, and cost data derived from the 2025 Medical Fees Directory utilizing UCR 75th percentile unless otherwise specified.

All costs are presented in 2025 U.S. dollars. Inflation and present value discounting are deferred to an economist.

II. METHODOLOGY

- Review of available medical records and collateral documentation
- Identification of permanent diagnoses and functional impairments
- Projection of future care needs consistent with standards of care
- Frequency modeling over projected life expectancy
- Costs estimated using CPT-based and market-based sources (2025 UCR fee data where applicable)
- Recommendations limited to medically probable needs related to the injury mechanism and sequelae

III. RECORDS REVIEWED

(Insert your record list here; keep it clean and chronological)

Hospital / Trauma Records: _____

Rehabilitation Records: _____

Therapy Records: _____

Neuropsychological Testing: _____

Specialty Follow-Up (Urology/PM&R/Neurosurgery): _____

Imaging Reports: _____

Other: _____

IV. MEDICAL SUMMARY

(Insert objective timeline summary here—no adjectives, no vibes.)

V. DIAGNOSES

Primary:

- Traumatic Brain Injury (severity: _____)
- Thoracic Spinal Cord Injury with Paraplegia (level: _____)

Secondary / Sequelae (as supported by records):

- Neurogenic bladder
- Neurogenic bowel
- Chronic neuropathic pain
- Spasticity
- Cognitive impairment (executive function / attention / processing speed)
- Increased risk: pressure injury, UTI/urosepsis, overuse injury (UE), depression/anxiety

VI. FUNCTIONAL STATUS

Mobility: _____

Transfers: _____

ADLs/IADLs: _____

Cognition/Communication: _____

Bowel/Bladder: _____

Skin Integrity: _____

Pain: _____

VII. LIFE EXPECTANCY

Estimated life expectancy: _____ years (adjusted as appropriate for SCI level/severity and comorbidities).

Basis: U.S. Life Tables and SCI survival literature (to be cited in final).

VIII. FUTURE MEDICAL CARE – ROUTINE

Description	Frequency	Purpose	2025 UCR 75th Cost
Physiatry (PM&R) – established visit	2x/year	SCI management; spasticity; equipment oversight	\$____/visit
Urology – established visit	2x/year	Neurogenic bladder surveillance; UTI prevention	\$____/visit
Primary Care / Internal Medicine	1x/year	General medical oversight; preventive care	\$____/visit
Neurosurgery / Spine	PRN (est. 1x/year)	Hardware/surgical follow-up; new symptoms	\$____/visit
Pain Medicine	2x/year (or PRN)	Neuropathic pain oversight; med adjustments	\$____/visit
Dermatology / Wound Specialist	1x/year	Skin surveillance (pressure injury prevention)	\$____/visit
Psychiatry (if indicated)	2–4x/year	Mood/behavior medication management	\$____/visit
Dental	2x/year	Routine dental care (often overlooked)	\$____/visit
Vision	1x/year	Routine vision care	\$____/visit

IX. FUTURE MEDICAL CARE – EPISODIC / AGGRESSIVE TREATMENT

Description	Frequency	Purpose	2025 UCR 75th Cost
Emergency Department visit (high acuity)	1 episode every 3–5 yrs (est.)	UTI/urosepsis; autonomic dysreflexia; complications	\$1,756/visit (99285)*
Critical care (initial)	As medically necessary	Severe complication management	\$1,590 (99291)*
Inpatient admission (medical)	Intermittent (reserve)	Treatment of infections/skin breakdown/complications	\$____ per admission
Interventional pain procedures	PRN	Injections/blocks if medically indicated	\$____/episode
Pressure injury surgical management	PRN	Debridement/flap as indicated	\$____/episode

*Examples from your 2025 directory: ED 99285 UCR 75th \$1,756 ; critical care 99291 UCR 75th \$1,590 .

X. THERAPY SERVICES (This is what was missing)

A. PHYSICAL THERAPY (PT)

Description	Frequency	Purpose	Cost
PT – maintenance/conditioning	2x/week for 6 months annually (modifiable)	Strength, endurance, shoulder preservation, transfers	\$____/visit
PT – episodic re-eval	1x/year	Update HEP; equipment/transfer training	\$____/visit
Seating/mobility clinic (PT/OT)	1–2x/year	Wheelchair fit; cushion; posture; skin risk	\$____/visit
Aquatic therapy (if tolerated)	1x/week PRN	Conditioning, pain modulation	\$____/session

B. OCCUPATIONAL THERAPY (OT)

Description	Frequency	Purpose	Cost
OT – ADL/IADL optimization	1x/week for 6 months annually	Independence; energy conservation; adaptive techniques	\$____/visit
UE joint protection training	PRN	Prevent overuse injury; wheelchair propulsion mechanics	\$____/visit
Home safety assessment	PRN (est. every 3–5 yrs)	Fall prevention; accessibility review	\$____/visit

C. SPEECH / COGNITIVE REHABILITATION (TBI)

Description	Frequency	Purpose	Cost
Speech therapy / cognitive rehab	1x/week for 6–12 months (episodic)	Attention, memory strategies, executive function	\$____/visit
Neuropsychological re-evaluation	Every 2–3 yrs or PRN	Measure cognitive function; guide supports	\$____/eval

XI. PSYCHOLOGICAL / BEHAVIORAL HEALTH

Description	Frequency	Purpose	Cost
Psychotherapy (individual)	Weekly x 3 months, then monthly PRN	Adjustment, coping, mood stabilization	\$____/session
Family therapy (PRN)	6 sessions/year PRN	Communication; caregiver dynamics	\$____/session
Behavioral health crisis visit	PRN (reserve)	Acute exacerbations	\$____/episode

XII. CASE MANAGEMENT / CARE COORDINATION

Description	Frequency	Purpose	Cost
RN case management	4 hrs/month	Coordinate appointments, equipment, services	\$____/hr
Care coordination reassessment	1-2x/year	Update plan; adjust supports	\$____/visit

XIII. MEDICATIONS

(Project by category; insert actual meds from records.)

Medication Category	Frequency	Purpose	Annual Cost
Neuropathic pain agent(s)	Daily	Pain control	\$____/year
Antispasmodic	Daily/PRN	Spasticity management	\$____/year
Bladder medication	Daily	Reduce spasms/urgency (if indicated)	\$____/year
Bowel regimen meds	Daily/PRN	Regularity	\$____/year
Sleep/mood meds (if indicated)	Daily	Mood stabilization / sleep	\$____/year

XIV. THERAPEUTIC SUPPLIES / PERSONAL ITEMS

Item	Usage / Frequency	Purpose	Cost
Intermittent catheters / kits	_____ per day	Bladder management	\$_____ per unit
Lubricant	_____	Catheter/bowel program	\$_____
Gloves	_____	Infection prevention	\$_____
Skin barrier / protectant	Daily	Pressure injury prevention	\$_____
Incontinence supplies	Daily/PRN	Hygiene	\$_____
Bowel program supplies	Nightly/PRN	Bowel management	\$_____
Wound care supplies (reserve)	PRN	Skin breakdown management	\$_____

XV. DIAGNOSTIC TESTING / SURVEILLANCE

Diagnostic	Frequency	Purpose	Cost
Renal ultrasound	Annual	Hydronephrosis surveillance	\$ ____
UA + culture	2x/year + PRN	Detect infection	\$ ____
CBC/CMP	Annual	General monitoring	\$ ____
Imaging (spine)	Annual/PRN	Hardware / degenerative changes	\$ ____
Bone density (DXA)	Every 2–3 years	Osteoporosis risk in SCI	\$ ____

XVI. DURABLE MEDICAL EQUIPMENT

Equipment	Replacement	Purpose	Cost
Shower/commode chair	Every 5 yrs	Bathing/toileting safety	\$ ____
Hospital bed (if needed)	Every 10 yrs	Positioning, skin protection	\$ ____
Overbed table	Every 10 yrs	ADLs/independence	\$ ____
Patient lift (if needed later)	Every 10 yrs	Safe transfers	\$ ____
Pressure-relief mattress	Every 5 yrs	Skin protection	\$ ____

XVII. WHEELCHAIR NEEDS

Wheelchair Type	Replacement	Purpose	Cost
Custom ultra-light manual wheelchair	Every 5 yrs	Primary mobility	\$ _____
Sports wheelchair	Every 5–7 yrs	Recreation/fitness	\$ _____
Backup chair allowance	Every 7–10 yrs	Redundancy for breakdowns	\$ _____

XVIII. WHEELCHAIR ACCESSORIES & MAINTENANCE

Item	Replacement	Purpose	Cost
Cushion (pressure redistribution)	Every 2 yrs	Skin protection	\$ _____
Back support	Every 3–5 yrs	Posture	\$ _____
Tires/casters	Annual	Maintenance	\$ _____
Repairs/tune-ups	Annual	Safety/reliability	\$ _____
Wheelchair gloves	2x/year	Hand protection	\$ _____

XIX. ORTHOPEDIC / ASSISTIVE EQUIPMENT

Equipment	Replacement	Purpose	Cost
Transfer board	Every 5 yrs	Independent transfers	\$ _____
Sliding sheet (reserve)	PRN	Transfer safety	\$ _____
TENS unit	Every 10 yrs	Pain control	\$ _____
Bracing (as indicated)	PRN	Positioning/contracture management	\$ _____

XX. AIDS FOR INDEPENDENT FUNCTION / ASSISTIVE TECHNOLOGY

Item	Replacement	Purpose	Cost
Tablet/computer	Every 4 yrs	Cognitive supports, reminders	\$ ____
Speech-to-text / planning apps	Annual	Executive function supports	\$ ____
Smart home supports (lights/locks)	Every 7–10 yrs	Independence/safety	\$ ____
Medical alert system	Monthly	Safety	\$ ____ /month

XXI. HOME CARE / ATTENDANT CARE

Age Range	Hours/Day	Purpose	Cost
20-40	2-4 hrs/day	Bowel program, hygiene, meals, safety	\$ ____/hr
40-60	4-6 hrs/day	Increased ADL support	\$ ____/hr
60+	6-8 hrs/day	Higher support needs	\$ ____/hr

XXII. TRANSPORTATION

Item	Replacement	Purpose	Cost
Adaptive van	Every 7 yrs	Community mobility	\$ _____
Vehicle conversion	Every 7 yrs	Access/controls/lift	\$ _____
Lift maintenance	Annual	Reliability	\$250/year (or local)
Mileage allowance	Ongoing	Medical travel	\$ _____ per mile

XXIII. LEISURE TIME / RECREATIONAL EQUIPMENT

Item	Frequency	Purpose	Cost
Adaptive sports allowance	Annual	Fitness/mental health	\$____/year
Gym/pool membership	Monthly	Conditioning	\$____/month
Support groups	Monthly	Psychosocial support	Transportation only

XXIV. ARCHITECTURAL RENOVATIONS / HOME MODIFICATIONS

Need	Timing	Purpose	Cost
Ramp/entry access	1-time	Home access	\$ _____
Door widening	1-time	Wheelchair access	\$ _____
Roll-in shower / accessible bath	1-time	Hygiene safety	\$ _____
Kitchen modifications	PRN	Independence	\$ _____
Flooring (non-slip)	PRN	Safety	\$ _____

XXV. VOCATIONAL / EDUCATIONAL SUPPORT

Service	Frequency	Purpose	Cost
Vocational rehab evaluation	1-time + updates	Work capacity assessment	\$_____
Supported employment (if indicated)	PRN	Job coaching/accommodations	\$_____
Academic accommodations (if indicated)	PRN	Cognitive supports	\$_____

XXVI. CONTINGENCIES / RESERVE FOR COMPLICATIONS (Big one often missing)

Reserve Item	Frequency	Purpose	Cost
Pressure injury episode reserve	PRN	Supplies/visits/possible admission	\$____ reserve
UTI/urosepsis reserve	PRN	ED/antibiotics/admission	\$____ reserve
Equipment breakdown reserve	PRN	Repairs/replacement	\$____ reserve

XXVII. POTENTIAL COMPLICATIONS

Complication	Commentary
Pressure injuries	Elevated lifetime risk in SCI
UTI/urosepsis	Elevated risk with neurogenic bladder
Upper extremity overuse injury	Wheelchair propulsion/transfer demands
Depression/anxiety	Elevated risk with TBI/SCI
Osteoporosis/fracture	Higher risk with non-weight-bearing
Chronic pain escalation	Neuropathic pain may require multimodal care

Frequency and severity cannot be precisely predicted but are medically probable.

XXVIII. SUMMARY OPINION

The future care outlined herein is medically probable and reasonably necessary as a direct result of the injuries sustained on the date of incident. Recommendations are consistent with accepted standards of care for traumatic brain injury and spinal cord injury and are presented with transparent frequency and cost methodology.