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18th Annual International Symposium on Life Care Planning September 22-23, 2012 Denver, Colorado Synopsis

This year's theme: **"From Litigation to Implementation: Developing Life Care Plans that Work"** brought together an exemplary line-up of presentations addressing a variety of topics from testimony to ethics in life care planning. As a first this year, the ISLCP teamed up with Craig Hospital, a national center of excellence in the neurorehabilitation and research of patients with spinal cord injury (SCI) and traumatic brain injury (TBI). Attendees of the 2012 ISLCP were thereby able to benefit from nationally recognized rehabilitation experts in the SCI and TBI fields from Craig Hospital and many participants also had an opportunity to tour Craig Hospital while in Denver.

In addition to the ISLCP presentations, three pre-conferences were held to provide advanced practice training:

The 9/20/12 Pre-Conference: **"Research Based Clinical Applications in the Treatment of Chronic Pain"** included Dr. Giancarlo Barolat, MD, of Denver, one of the world leaders in the area of neuro-implantable technologies for the management of pain and motor disorders, as well as Dr. Gabor B. Racz, MD, Director of the International Pain Institute at Texas Tech University Health Sciences Center, and Dr. James E. Heavner, DVM, PhD, Clinical Professor of Anesthesiology at Texas Tech University Health Sciences Center. This impressive group of presenters have years of experience in the treatment and management of chronic pain patients. Dr. Barolat discussed stimulation of the peripheral nerves within the limbs, where the pulse generator is implanted within the affected limb targeting a specific nerve. This use of stimulation of a peripheral nerve is less invasive than spinal cord stimulation and Dr. Barolat reported the effectiveness of this method. He also presented on the effectiveness of neurostimulation in the management of specific types of headaches and pelvic pain. Dr. Barolat provided his contact information: gbarolat@verizon.net for life care planners / case managers who may have additional questions.

Dr. Racz presented on treatment of CRPS (Chronic Regional Pain Syndrome) following a stepwise carepath, with consideration of interdisciplinary, pharmacologic and interventional treatment options and frequent re-evaluation of effectiveness of interventions and need for treatment modification. Dr. Heavner reviewed current research findings within the field of pain management. With the significant numbers of persons affected by pain (over 314 million in the US and 7 billion worldwide), better methods of diagnosis with objective measures are key. Improved science behind the medicine is paramount to improved management of chronic pain. Improved "evidence" of pain, supported by diagnostics, will improve the payment for services. An example of such is spinal endocscopy (a percutaneous flexible fiberoptic device), allowing direct visualization of the contents of the spine. This diagnostic technology is

minimally invasive and can provide detailed information with regards to pathology in the epidural space. Other new and future technology advances were introduced by Dr. Heavner and he welcomed comments and questions: jeheavner@ttuhsc.edu.

The afternoon Pre-Conference on 9/20/12 continued with **"Advanced Topics in SCI/TBI"**. Dr. Daniel Lammertse, MD, Medical Director of Research at Craig Hospital reviewed research updates on Spinal Cord Injury Clinical Trials specifically in the area of **Search for the Cure.** He provided participants with a current chart detailing current SCI clinical trials for interventions aimed at improvement in neurological function. Current trials can be found a: www.scope-sci.org/index_files/clinicaltrials.htm that include 15 "restorative" trials with use of medications, intermittent hypoxia, cell therapies, and surgery (acute decompression).

Dr. Alan Weintraub, MD, Medical Director Brain Injury Program at Craig Hospital presented on **Pharmacologic Rehabilitation of Neurocognitive and Behavioral Disturbances in the Brain Injured Adult.** He provided a valuable overview of what medications, specifically neurotransmitters, can be effective during the acute, sub acute and chronic phase of rehabilitation. He reviewed various brain injury related behavioral syndromes and which trials of medications may be most beneficial, but cautioned that "start low and go slow" approach be taken with patients with TBI in pharmacologic treatment. Dr. Weintraub can be reached at aweintraub@craighospital.org for additional information.

Dr. Brent Masel, MD, President and Medical Director, Transitional Learning Center a post acute brain injury rehabilitation facility in Texas provided an informative presentation on **Post-Traumatic Hypopituitarism: Hormones Can Make a Difference.** Conference participants learned that hormone problems are a common side effect of traumatic brain injury (TBI). Unlike many TBI symptoms, pituitary dysfunction can be effectively treated if identified. Schneider, et al JAMA, 2007; (298) reviewed 17 studies of adults with TBI and found 40 to 50% will have hypopituitarism. The number one symptom is fatigue. Dr. Masel left us with several valuable conclusions:

- Hormonal deficiency occurs in 30% to 50% of patients who survive a moderate to severe TBI with GHD (growth hormone deficiency) being the most common
- Hormonal deficiency after TBI could negatively affect quality of life, rehabilitation, and recover
- Moderate and severe TBI patients should be screened for hypopituitarism
- More studies are needed in mild TBI

The day ended with Dr. Susan Charlifue, PhD, Principal Investigator, SCI Model System at Craig Hospital presenting on **Aging with SCI.** She reviewed the types of secondary complications arising from SCI as persons age and discussed life expectancy after SCI. Factors that can alter or influence the SCI aging trajectory include: obesity, lack of standing / weight bearing, inactivity, chronic stress, among other factors were discussed. Dr. Charlifue referred participants to www.SCIRE.org to review evidence based research on premature aging post SCI from Canada. For more information contact Dr. Charlifue at: suzie@craighospital.org

The second day of ISLCP Pre-Conference on 9/21/12 was yet another first, and featured a full day seminar provided by SEAK. A record-breaking sized audience attended the presentation by Steven Babitsky, Esquire, on the topic of **How to Be an Effective Life Care Planner Expert Witness**. Participants were impressed with this educational experience that was not only informative, but also entertaining. Mr. Babitsky made an all-day presentation worth every minute, as he covered topics from "*protecting yourself from attacks on your*

credibility and credentials" to *"cross-examination skills and techniques".*

The 2012 ISLCP on 9/22/12 began with a thought-provoking presentation by David Ball, Jury Consultant and Author. His topic **Persuasive Life Care Planner Testimony – Serving the Injured Client** provided many valuable insights into effective techniques that life care planners may wish to consider in their practices. A transcript of Mr. Ball's presentation is included elsewhere in this issue, for review by life care planners who were not in attendance at this year's ISLCP. Mr. Ball has coined the term "Minimum Life Care Plan" which has been met with discussion among life care planners, even at the most recent Life Care Planning Summit. By inviting Mr. Ball to present at this year's ISLCP, brought his concepts directly to the life care planning audience, and will permit further discussion and consideration of this topic by the life care planning profession. Sponsors of the ISLCP (FLCPR, IARP-IALCP, The Care Planner Network, University of Florida, and Kaplan University) do not necessarily endorse the opinions of David Ball, but welcomed his presentation and believe that the information presented by Mr. Ball provided valuable material.

Topics in Ethics were again included in this year's ISLCP. **Ethics in Life Care Planning – Litigated Cases and Ethical Issues** was presented by Robert Taylor and Michele Albers. **Ethics Checkup: Promoting Ethical Life Care Planning Practice** was provided by Dr. Chris Reid and **Ethics Consultation in Life Care Planning** was a panel presentation by Paul Bourgeois, Dr. Linda Shaw and Dr. Jamie Pomeranz.

Mr. Matt Mundus of St. Jude Medical presented on **Spinal Cord Stimulation (SCS) and the Chronic Pain Patient: Long Term Considerations.** He provided valuable information about the efficacy of SCS in the management of chronic pain, and reviewed the importance of a multi-disciplinary approach to pain management, assuring that all conservative treatment options have been trialed prior to consideration of SCS. As always appreciated by LCPing audiences, coding and pricing information was shared. Additional resource information can be obtained at www.sjmneuropro.com

Additional legal topics were offered by Attorney David Hersh on **Life Care Planning in the Courtroom: What Really Happens.** Mr. Hersh provided useful information about how to best present your life care planning testimony, by knowing your audience (jury), and how to be best prepared for cross-examination. An option of various break-out sessions was offered on the first day, including **Diaphragm Pacing** by Lonnie Martinez, BS, RRT and **Some Assembly Required – Home and Community Based Programs as Practical Tools in Building and Implementing the Life Care Plan** by Nancy Bond and Susan Guth, as well as **Life Care Plans the Economists Love and Hate** by Karen Luckett and Steven J. Shuster and **Women's Health Outcomes After TBI**, a Canadian breakout session, by Dr. Angela Colantonio. No matter which session one attended, useful material was available to further one's life care planning practice.

Craig Hospital provided two other expert professionals to the ISLCP: Dr. Cindy Harrison-Felix and Dr. Susan Charlifue who presented on **Morbidity and Mortality After TBI and SCI** a very detailed topic covering valuable information on the SMR (standardized mortality ratio) of persons with TBI and SCI. Dr. Alan Weintraub, MD, of Craig Hospital presented at the second day of ISLCP on **21st Century Innovation in Brain Injury Medicine and Rehabilitation.** He imparted his opinion that we need better models of classifying levels of injury in brain injury. Specificity in diagnosing / classifying an injury is important, such as using "DAI" (diffuse axonal injury) rather than a generic term such as "closed head injury" (which Dr. Weintraub dissuades). With better labeling, comes inclusion of the metabolic and physiologic aspects of injury to the brain. Dr. Brent Masel, MD, later presented on **Brain**

Injury as a Chronic Disease. Again highlighting the importance of improved methods of labeling and classifying TBI. In an article authored by Dr. Masel (Masel, BE and DeWitt, DS in Journal of Neurotrauma 2010, Aug 27(8), 1529-40) he supports the definition of TBI as a Disease. Given the many medical problems associated with TBI (hydrocephalus, seizure, spasticity, post traumatic movement disorders, cognitive disturbances, behavioral disturbances, sleep disturbance, neuro-endocrine dysfunction, metabolic dysfunction and even brain tumors) Dr. Masel covered the many reasons for expanding the classification of this injury.

Candy Tefertiller presented Performance, Exercise, Attitude and Knowledge (PEAK) after Neurologic Disability and Disease a session on the value of performance exercise beginning early on in post-injury recovery. If the central nervous system is not challenged, it becomes dormant, so it becomes important to "use it or lose it" in motor activities. Repetition apparently matters, so repeating a movement or a behavior can carry over. New therapy systems such as Locomat, FES (functional electrical stimulation), body-supported gait training, and whole body vibration – to name just a few, can all help in the progression and intensity of exercises used post injury. For a summary of these and other PEAK modalities, see the article "Recent Advances at Craig Hospital" elsewhere in this issue.

The end of the day brought an emotional presentation on **Restorative Mediation** presented by Peggy Evans who educated participants on the topic of restorative justice. For those wishing to learn more about this topic visit: www.restorativemediationproject.org Several afternoon breakout sessions followed covering **Could I Really Make a Difference? How to Help Families with Special Needs Plan for the Future** by Mary Anne Ehlert, **Contracts and Life Care Planning Service Agreements: The Details Matter** by Attorney Steven Treu, **Ongoing Responsibilities After Settlement of the Claim: Administration of Medical Custodial Accounts, Medicare Set Asides, and Special Needs Trusts** by Rafael Gonzalez and the final Canadian breakout session, **Future Cost of Care in Canada** presented by John-Andrew Pankiw-Petty. The final presentation of the conference was **Pediatric TBI Outcome: Before, During, After the Injury – A Pediatric Physiatrist View** by Dr. Richard Radecki, MD. Conference participants often miss the final presentation due to travel constraints, therefore a paper on Dr. Radecki's presentation is also included within this issue of the JLCP.

The 2012 ISLCP was a successful event, held in lovely Denver, and supported by our friends at Craig Hospital, as well as ISLCP event sponsors: Physician Life Care Planning (platinum sponsor), Professional Case Management (gold sponsor), and Family Network on Disabilities (tote bag sponsor). The Symposium was also fortunate to have many Exhibitors present who provided us with valuable information about services and products that may support life care planners in their work.