IN THE SUPREME COURT OF THE STATE OF NEVADA

BARRY JAMES RIVES, M.D. and LAPAROSCOPIC SURGERY OF NEVADA, LLC, Appellants/Cross-Respondents, vs. TITINA FARRIS and PATRICK FARRIS, Respondents/Cross-Appellants.	No.: 80271 Appeal from the Eighth Judicial District Court, the Honorable Joanna S. Kishner Presiding
BARRY JAMES RIVES, M.D. and LAPAROSCOPIC SURGERY OF NEVADA, LLC, Appellants, vs. TITINA FARRIS and PATRICK FARRIS, Respondents.	No.: 81052 Appeal from the Eighth Judicial District Court, the Honorable Joanna S. Kishner Presiding

RESPONDENTS/CROSS-APPELLANTS' APPENDIX, VOLUME 16
(Nos. 1942–2104)

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DISTRICT COURT

CLARK COUNTY, NEVADA

TITINA FARRIS and PATRICK FARRIS, Plaintiffs, vs. BARRY RIVES, M.D.; LAPAROSCOPIC SURGERY OF NEVADA, LLC et al., Defendants.	CASE NO.: A-16-739464-C DEPT. NO.: XXXI

PLAINTIFFS' SUPPLEMENTAL OPPOSITION TO DEFENDANTS BARRY J. RIVES, M.D.'S AND LAPAROSCOPIC SURGERY OF NEVADA, LLC'S MOTION TO RE-TAX AND SETTLE PLAINTIFFS' COSTS

COMES NOW Plaintiffs PATRICK FARRIS and TITINA FARRIS, by and through their attorney of record, KIMBALL JONES, ESQ. and JACOB G. LEAVITT, ESQ., with the Law Offices of **BIGHORN LAW** and GEORGE F. HAND, ESQ., with the Law Offices **of HAND & SULLIVAN, LLC**, and hereby submit this Supplemental Opposition to Defendants Barry J. Rives, M.D.'s and Laparoscopic Surgery of Nevada, LLC's Motion to Re-Tax and Settle Plaintiffs' Costs.

This Opposition is made and based upon all of the pleadings and papers on file herein and the attached Memorandum of Points and Authorities.

DATED this 21st day of January, 2020.

BIGHORN LAW

By: */s/ Kimball Jones*

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MEMORANDUM OF POINTS AND AUTHORITIES

I. STATEMENT OF RELEVANT FACTS

Historical Background

Plaintiff Titina Farris was a patient of Defendants. Defendant RIVES, while performing surgery on Plaintiff, negligently cut, burned, or tore her colon. Thereafter, RIVES failed to adequately repair the colon or sanitize the abdominal cavity. RIVES then failed to recommend any surgery to repair the punctured colon or contaminated abdomen for twelve (12) days, during which time Titina was on the verge of death due to the predictable sepsis that ensued as a result of RIVES initial negligence. As a further result of RIVES negligence, Titina developed bilateral "dropped feet" and now cannot walk without assistance.

To prove their case, Plaintiffs retained several experts. Plaintiffs' Experts' fees are compensable under an analysis of the *Drake* factors. In *Drake*, the Court of Appeals noted that there are various factors which Trial Courts should use to determine whether a party is properly awarded expert fees in excess of $1,500.00.

> In evaluating requests for such awards, district courts should consider the importance of the expert's testimony to the party's case; the degree to which the expert's opinion aided the trier of fact in deciding the case; whether the expert's reports or testimony were repetitive of other expert witnesses; the extent and nature of the work performed by the expert; whether the expert had to conduct independent investigations or testing; the amount of time the expert spent in court, preparing a report, and preparing for trial; the expert's area of expertise; the expert's education and training; the fee actually charged to the party who retained the expert; the fees traditionally charged by the expert on related matters; comparable experts' fees charged in similar cases; and, if an expert is retained from outside the area where the trial is held, the fees and costs that would have been incurred to hire a comparable expert where the trial was held.
>
> *Frazier v. Drake*, 131 Nev. 632, 650–51, 357 P.3d 365, 377–78 (Nev. App. 2015).

The Court Continued:

> We emphasize that not all of these factors may be pertinent to every request for expert witness fees in excess of $1,500 per expert under NRS 18.050(5), and thus, the resolution of such requests will necessarily require a case-by-case examination of appropriate factors. *See Bd. of Supervisors,* 133 So.3d at 120, Moreover, the factors set

> forth in this opinion are nonexhaustive and other factors may therefore be appropriate for consideration depending on the circumstances of a case.
>
> *Frazier v. Drake*, 131 Nev. 632, 651, 357 P.3d 365, 378 (Nev. App. 2015).

Due to the complicated nature of Plaintiffs' injuries, as well as the need to clearly express how Plaintiffs' injuries transpired, the value of the future medical care which Plaintiff Titina would need, and in order to defeat Defendants' alternative causation arguments—the cost of Plaintiffs' expert witnesses exceeded the $1,500 presumptive fee noted in NRS 18.050. However, as these were medical experts who required extensive review of more than 10,000 pages of relevant medical records, contact with Plaintiffs, were required to attend trial in some cases, and who were necessary for the successful litigation of Plaintiffs' case—Plaintiffs' taxed costs are properly awarded under the *Drake* factors.

II. LEGAL ARGUMENT AND ANALYSIS

A. An Analysis of the *Drake* Factors Demonstrate that Plaintiffs are Properly Awarded the Costs Claimed for Expert Fees.

NRS 18.005 states, "Reasonable fees of not more than five expert witnesses in an amount of not more than $1,500 for each witness, **unless the court allows a larger fee after determining that the circumstances surrounding the expert's testimony were of such necessity as to require the larger fee**."

The Court has noted that it is appropriate to award more than the statutory amount when an expert's testimony was necessary:

> Regarding the award of costs, NRS 18.005(5) defines costs in relevant part as "[r]easonable fees of not more than five expert witnesses in an amount of not more than $1,500 for each witness, unless the court allows a larger fee after determining that the circumstances surrounding the expert's testimony were of such necessity as to require the larger fee." Capanna argues that the district court's decision to grant fees for Dr. Yoo and Dr. Cash in excess of $1,500 was not supported by an express and careful analysis of the necessity for the statutory deviation. We disagree. The district court found that both doctors were necessary to Orth's case and that the requested fees were justified and reasonable based upon the doctors' roles in the litigation.
>
> *Capanna v. Orth*, 134 Nev. 888, 896–97, 432 P.3d 726, 735 (2018).

Furthermore, an analysis of the *Drake* factors demonstrates that the claimed costs in this matter are properly taxed to Defendants in this matter.

The invoiced Expert Bills quoted in Plaintiffs' Application for costs **were the amounts actually charged to Plaintiffs**. These experts have all been paid by Plaintiffs for their work in this matter.

There are simply no credible experts in the medical field who would accept $1,500.00 as payment for the substantial work which they were required to perform. Had this been a slip and fall case where experts in hospitality management were required, fees for those experts would undoubtedly be closer to the statutory presumption (but still substantially higher). However, due to the nature of this action, the specialized nature of the testimony required—from Surgeons, Neurologists, Physiatrists, Lifecare Planners, Nurses and physicians—the fees are aligned with their equivalent expertise. Plaintiffs found qualified experts who were able to evaluate thousands of pages of records, evaluate the Plaintiffs, and present convincing testimony. Further, this was generally accomplished at rates far less than those charged by Defendants' experts. Still, as Plaintiffs' experts were specialized medical experts, they required a billing rate far above that outlined by the statute.

Furthermore, as noted below, these experts' reports and testimony were absolutely necessary to Plaintiffs' victory at trial. Should Plaintiffs be limited to repayment for five (5) experts, as discussed during the prior hearing, Plaintiffs request that the Court order repayment for costs of Dr. Hurwitz, Dr. Willer, Dr. Barchuk, Ms. Cook and Dr. Stein.

Dr. Michael Hurwitz, General Surgeon: Plaintiffs were billed and have paid Dr. Hurwitz $11,000.00 in this matter. Dr. Hurwitz, a general surgeon, reviewed the file and outlined his views in great detail in Plaintiffs' initial expert disclosures. Dr. Hurwitz's charges of $11,000.00 are abundantly reasonable given typical costs of a general surgeon. Defendants hired a similarly qualified general surgeon, Dr. Juell, who entirely failed to provide his billing in this matter, but admitted on the stand

that his total billing likely exceeded $34,000.00. Dr. Hurwitz's report, billing rate and CV are attached hereto as **"Exhibit 1(a)."**

Dr. Hurwitz's report itself is not repetitive of work performed by any other expert. Dr. Feingold, the only other general surgeon paid by Plaintiffs in this matter, did not produce a report or appear at trial. Dr. Hurwitz's work was essential to the success of this case. He appeared at trial for a day and a half; spent nine (9) hours preparing for deposition; and appeared at deposition. As a surgeon, Dr. Hurwitz has highly specialized qualifications that would be nearly impossible to receive at a lower rate. Dr. Hurwitz is a board-certified surgeon who has been practicing for over twenty-five (25) years.

Dr. Hurwitz's billing rate, in general, and as charged to Plaintiffs was: $500.00 per hour for review of records, $2,400.00 for deposition and $7,000.00 for trial testimony. See *Exhibit 1(a)*. Plaintiffs' Counsel scoured the Country and a witness with Dr. Hurwitz's level of expertise, and the work performed could not be found for less.

Dr. Hurwitz convincingly testified of Defendant Rives' negligence and how Rives' actions caused Plaintiffs' injuries. This testimony on standard of care and causation was central to the case which resulted in a multimillion-dollar verdict. The $11,000.00 fee charged by Dr. Hurwitz is reasonable and necessary for this case. This fee was also actually paid by Plaintiffs. This is demonstrated by the attachments in *Exhibit 1(b)* demonstrating two (2) checks issued for $1,500.00 each, and another check issued for $8,000.00. See *Proof of Payment*—Hurwitz attached hereto as **"Exhibit 1(b)."**

Dr. Justin Willer, Neurologist: Plaintiffs were charged and have paid $17,245.00 to Dr. Willer. A neurologist was necessary for Plaintiffs to prove their case regarding medical causation. Dr. Willer opined that Plaintiffs' bilateral foot drop resulted from critical illness polyneuropathy. Although others ultimately agreed with this conclusion, none held the requisite qualifications to definitively establish

this neurologic conclusion. Dr. Willer's $17,425.00 is a bargain compared to Defendants' expert, Dr. Juell who charged $34,000.00 to Defendants.

Dr. Willer's billing rate, in general, and as charged to Plaintiffs was: $500.00 per hour for review of records, $2,400.00 for deposition and $7,000.00 for trial testimony. This rate is standard for the industry—and to find someone with his level of expertise and specialty is a bargain.

Dr. Willer's report was not repetitive, as he was the lone neurologist opining on causation for Plaintiffs. Dr. Willer received his medical degree from Chicago Medical School and has been in practice for more than twenty (20) years. Furthermore, Dr. Willer's specialty as a neurologist demands higher compensation than other, general, experts without his level of expertise. As Dr. Willer's report and testimony contradicted Defendants' theories—such as that Plaintiff Titina Farris' injuries were caused by other mechanisms, this testimony was inherently necessary and a reasonable amount was charged and paid. Dr. Willer's report, billing rate and CV are attached hereto as **"Exhibit 2(a)."**

Furthermore, the fee charged by Dr. Willer was also actually paid by Plaintiffs. This is demonstrated by the attachments in *Exhibit 2(b)* demonstrating three checks were issued totaling $17,425.00—with one check including $1,000 also paid to Dr. Stein. See *Proof of Payment*—Willer attached hereto as **"Exhibit 2(b)."**

Dr. Alex Barchuk: Dr. Barchuk charged and was paid $26,120.00. Dr. Barchuk's role as a rehabilitationist was critical. The reason for this higher amount is because his work required that he spend several hours with Plaintiffs to test Titina and fully evaluate the level of assistance and care Titina will require for the rest of her life. This is not work that can be done merely by reviewing medical records, though review of thousands of pages of medical records was ultimately also necessary. However, Dr. Barchuk's role also required hours of personal interaction and study to evaluate related damages in the future based on a myriad of factors in Plaintiffs' past before and after the subject surgery.

Dr. Barchuk charges $750.00 per hour for report preparation, $1,000.00 per hour for deposition, and $8,000.00 per day for trial testimony. Dr. Barchuk's report, billing rate and CV are attached hereto as **"Exhibit 3(a)."**

Dr. Barchuk's rate is the highest of all the experts retained by Plaintiffs—however, Dr. Barchuk's billing rate was in line with other experts of his specialty with the same amount of experience. The amount charged is a bargain, as it was necessary to establish the bulk of Plaintiffs' future economic damages.

Dr. Barchuk is a Board Certified Physical Medicine and Rehabilitation physician since 1990. He specializes in traumatic and non-traumatic spinal cord injuries and has directed this program at a large hospital for over eighteen (18) years. Dr. Barchuk received his medical degree from Georgetown University School of Medicine in 1985.

This report and this work was not repetitive. It was a groundwork for the future damages later calculated by Dawn Cook in her life care plan. Dr. Barchuk's report and opinions is what led to the highly contested "future damages" awarded by the jury. Given the expertise when Dr. Barchuk exhibited, and the successful result of his work—the $26,120.00 was eminently reasonable and wholly necessary.

Furthermore, the fee charged by Dr. Barchuk was also actually paid by Plaintiffs. This is demonstrated by the attachments in *Exhibit 3(b)* demonstrating that four checks were issued to Dr. Barchuk totaling $26,120.00. See *Proof of Payment*—Barchuk attached hereto as **"Exhibit 3(b)."**

Dawn Cook, Nurse: Dawn Cook utilized the groundwork laid by Dr. Barchuk, and built a life care plan utilizing, in part, his recommendations. However, Ms. Cook expanded on that report by evaluating the total needs Plaintiffs would have as a result of Defendants' negligence.

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Ms. Cook required Dr. Barchuk's report to build her life care plan—but Dr. Barchuk could not have authored the life care plan which Ms. Cook authored. The two are not repetitive of each other as they evaluate different future medical needs.

Dawn Cook's billing rate, in general, and as charged to Plaintiffs was: $375 per hour for work on the life care plan, $650.00 per hour for deposition and $3,000 per day for trial testimony. Dawn Cook's report, billing rate and CV are attached hereto as **"Exhibit 4(a)."**

Ms. Cook is a licensed registered nurse with over 30 years of experience in clinical settings and as a life care planner and medical bill reviewer. She is a Certified life care planner (CLCP) and certified nurse life care planner (CNLCP). Ms. Cook has prepared reports in twenty-eight (28) states in Life Care Planning and Past Medical Bill Reviews and testified at Federal Court in Illinois and New Mexico, and at State Court in California, Nevada and New Mexico as an expert in life care planning.

Furthermore, Dawn Cook Charged Plaintiffs $23,960.03 to Plaintiffs.[1] $23,957.03 was paid to Ms. Cook. An audit of the file demonstrated that the missing $3.00 should have been paid in a separate check of $3.78, however $0.78 was paid. This is demonstrated by the attachments in *Exhibit 4(b)* demonstrating five (5) checks totaling $17,957.03; and two (2) "Paid" invoices demonstrating that the retainer was paid in an amount of $6,000.00. See *Proof of Payment*—Cook attached hereto as **"Exhibit 4(b)."**

This rate is reasonable for a life care planner with her level of expertise.

It is unsurprising that the two (2) experts which had to have the most in-person contact with Plaintiffs also charged the highest total amounts. These two experts spent the most time with Plaintiffs, and both are eminently qualified experts, commanding a correspondingly high billable rate. The amount charged is properly taxed to Defendants as a cost in this matter.

[1] Defendants' Motion to Re-Tax used a calculation of $26,751.25. Plaintiffs are unsure how Defendants arrived at this sum. The total amount is $23,960.03

Dr. Alan J. Stein: Dr. Stein is an infectious disease specialist practicing in Brooklyn, New York. Dr. Stein graduated from New York Medical College in 1972 and has been in practice for forty-seven (47) years. He completed a residency at New York Medical College. Dr. Stein also specializes in Internal Medicine.

Dr. Stein's report and deposition testimony was essential to counter Defendants' argument that sepsis developed from the lungs, as was argued by Dr. Juell. Throughout the course of the case Dr. Stein was Plaintiffs' only infectious disease specialist and his role was critical to combat Defendants' causation theory. After discovery closed Plaintiffs deposed Defense Expert, Dr. Erlich, who testified to new opinions of contamination by the bowel puncture, which were not in his expert reports. Following this deposition, for the first time, Defendants had an expert that largely agreed that the sepsis resulted from the punctured bowel—not from aspiration pneumonitis. However, Defendants did not make it clear that their causation theory would be altered. As such, Plaintiffs expected that it would be necessary to question Dr. Stein and Dr. Erlich at trial to fully establish that both infectious disease doctors, contrary to Defendants' general theory of aspiration pneumonia, actually agreed that the infection was caused by the bowel punctures.

However, to Plaintiffs' surprise, Defendants chose to take both positions (aspiration pneumonitis and/or bacterial contamination from the punctured bowel) at trial. This was not immediately apparent, but became more and more apparent through Mr. Doyle's questioning of witnesses. As a result, Plaintiffs properly paid for Dr. Stein to fly to Las Vegas and prepare to testify at trial. However, given Defendants' changed position, Plaintiffs were able to forego questioning Dr. Stein (and Dr. Erlich), but the decision was made only after Mr. Doyle's questioning of Dr. Hurwitz and others fully clarified Defendants' position on this point.

Dr. Stein's billing rate, in general, and as charged to Plaintiffs was: $500.00 per hour for review of records, $2,400.00 for deposition and $7,000.00 for trial testimony—amounts which are perfectly

reasonable for someone of his expertise. Dr. Stein's report, billing rate and CV are attached hereto as **"Exhibit 5(a)."**

Dr. Stein Charged $19,710.00 to Plaintiffs. $15,710.00 has been paid to Dr. Stein. $4,000.00 was just charged to Plaintiffs on January 21, 2020 for work performed during trial.[1] This is demonstrated by the attachments in *Exhibit 5(b)* demonstrating four (4) checks being paid to Dr. Stein—one of which contains payment also made to Dr. Willer for $4,175.00. See *Proof of Payment*—Stein attached hereto as **"Exhibit 5(b)."**

Although Plaintiffs did not call Dr. Stein to testify due to Dr. Erlich's confirmation of his opinions—Dr. Stein produced the work which Plaintiffs relied upon. Dr. Stein was in Las Vegas and was ready to testify—but Plaintiffs made the strategic decision to reduce the length of trial. This does not minimize the nature of the work and testimony authored by Dr. Stein, and as such, this cost is properly taxed to Defendants.

Dr. Daniel Feingold, General Surgeon: Plaintiffs were charged and actually paid $2,000.00 to Dr. Feingold. Although not a retained expert for trial, Dr. Feingold reviewed voluminous medical records and provided assistance in understanding the medical issues in the case. Dr. Feingold's total charge was $2,000.00 Dr. Feingold reviewed thousands of medical records and was able to establish early on the nature of Defendants' Negligence.

Dr. Feingold trained in General Surgery at Washington University and Columbia University and completed fellowships in surgical oncology at the National Cancer Institute, Bethesda, Maryland and in colorectal surgery at Rutgers University, New Brunswick, New Jersey. He has been on staff at Columbia University for the past fifteen (15) years where he is the Edelman-Jarislowsky Endowed Chair of Surgery. Dr. Feingold specializes in laparoscopic colorectal surgery and in treating complex

[1] Defendants' Motion to Re-Tax used a calculation of $24,710. Plaintiffs are unsure how Defendants arrived at this sum. The total amount charged is $19,710.00.

anorectal problems. He is currently chairman of the Clinical Practice Guidelines Committee of the American Society of Colon and Rectal Surgeons and has published over fifty (50) peer-reviewed papers, edited two (2) surgical textbooks and completed over thirty (30) book chapters.

To have someone with Dr. Feingold's expertise review medical records numbering in the thousands of pages was a bargain at a mere $2,000.00. This work, done early on in the case, assisted Plaintiffs in understanding the medical issues in the case. This fee is reasonable and necessary and properly taxed to Defendants. It was also actually paid by Plaintiffs. See **"Exhibit 6."**

Dr. Terrence Clauretie: Dr. Clauretie billed $1,925.00 and was paid this amount. This amount is exceedingly low, which is consistent with his limited role in developing a present value of Plaintiffs' life care plan. This amount is reasonable on its face—but it also helped to establish that this baseline amount was awardable to Plaintiffs. This amount is properly awarded to Plaintiffs.

Dr. Clauretie's billing rate, in general, and as charged to Plaintiffs was: $350.00 per hour for review of records, and $450.00 per hour for all deposition and trial testimony. Dr. Clauretie's report, billing rate and CV are attached hereto as **"Exhibit 7(a)."**

Dr. Clauretie has been a professor, and professor emeritus, of economics at UNLV since 1988. Dr. Clauretie has authored and presented over one hundred (100) times in his career—as well as teaching undergraduate courses in economics and finance. He has also authored four (4) textbooks.

Furthermore, the fee charged by Dr. Clauretie was also actually paid by Plaintiffs. This is demonstrated by the attachments in *Exhibit 7(b)* demonstrating payment of $1,575.00. See *Proof of Payment*—Clauretie attached hereto as **"Exhibit 7(b)."**

As the Court is well aware, Defendants retained numerous experts in this matter—and it is a certainty that their full fees would have been pursued by Defendants had they prevailed in this matter. Furthermore, Defendants' subterfuge in failing to comply with their discovery obligations, in failing

to produce photos taken of the procedure, and failing to disclose the Rives v. Center matter made these expert witness's testimony essential to overcome the prejudice of Defendants' willful actions.

An analysis of the *Drake* factors demonstrates that Plaintiffs are not "overcharging" Defendants with expenses that Plaintiffs did not actually incur. Furthermore, these experts' rates are far less than the rates seemingly incurred by Defendants' own experts. The amounts charged and the rates charged are reasonable and in line with rates charged nationwide—including in Las Vegas. As such, these charges are properly taxed to Defendants.

Plaintiffs would not have won their substantial verdict without the testimony of the retained experts in this matter. Plaintiffs were only forced to retain these experts due to Defendants' negligence, and their refusal to tender settlement to Plaintiffs prior to trial. As such, under NRS 18, as well as under the *Drake* factors, these experts' testimony has been shown to be necessary, actually billed to the Plaintiffs, paid for by the Plaintiffs, and reasonable in the nationwide and Las Vegas marketplaces. As such, Plaintiffs respectfully request that the Court DENY Defendants' Motion to retax costs in this matter, and award the full value of the billed and paid expert fees in this case.

Other Costs Incurred in this matter:

Plaintiffs initial Verified Motion for Fees and Costs included over 300 pages of itemized costs and expenses. Plaintiffs have supplemented their Memorandum of Costs, bate-stamping and cross referencing the supporting documentation for costs. Said Supplemental Memorandum of Costs is attached hereto as **"Exhibit 8."**

III. CONCLUSION

For the foregoing reasons, Plaintiffs respectfully requests that this Court DENY Defendants Barry J. Rives, M.D.'s and Laparoscopic Surgery of Nevada, LLC's Motion to Re-Tax and Settle Plaintiffs' Costs.

/ / /

A review of the *Drake* factors support awarding the full costs associated with these Experts' expenses.

DATED this 21st day of January, 2020.

BIGHORN LAW

By: */s/ Kimball Jones*
KIMBALL JONES, ESQ.
Nevada Bar.: 12982
JACOB G. LEAVITT, ESQ.
Nevada Bar No.: 12608
716 S. Jones Blvd.
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Nevada Bar No.: 8483
HAND & SULLIVAN, LLC
3442 N. Buffalo Drive
Las Vegas, Nevada 89129

Attorneys for Plaintiffs

CERTIFICATE OF SERVICE

Pursuant to NRCP 5, NEFCR 9 and EDCR 8.05, I hereby certify that I am an employee of **BIGHORN LAW**, and on the 21st day of January, 2020, I served the foregoing ***PLAINTIFFS' SUPPLEMENTAL OPPOSITION TO DEFENDANTS BARRY J. RIVES, M.D.'S AND LAPAROSCOPIC SURGERY OF NEVADA, LLC'S MOTION TO RE-TAX AND SETTLE PLAINTIFFS' COSTS*** as follows:

☒ Electronic Service – By serving a copy thereof through the Court's electronic service system; and/or

☐ U.S. Mail—By depositing a true copy thereof in the U.S. mail, first class postage prepaid and addressed as listed below:

Kim Mandelbaum, Esq.
MANDELBAUM ELLERTON & ASSOCIATES
2012 Hamilton Lane
Las Vegas, Nevada 89106
&
Thomas J. Doyle, Esq.
Chad C. Couchot, Esq.
SCHUERING ZIMMERMAN & DOYLE, LLP
400 University Avenue
Sacramento, California 95825
Attorneys for Defendants

/s/ Erickson Finch
An employee of **BIGHORN LAW**

“EXHIBIT 1(a)”

EXPERT REPORT OF MICHAEL B. HURWITZ, M.D.
Re: Farris v. Rives, et al
Clark County District Court Case No. A-16-739464-C

I am a physician duly licensed to practice medicine in the State of California. I am Board Certified in Surgery and practice in Newport Beach, California. I am familiar with the standards of care applicable for the treatment rendered to Titina Farris. I am qualified on the basis of my training, background, knowledge and experience to offer an expert medical opinion regarding those accepted standards of medical care, the breaches thereof in this case, and any resulting injuries and damages arising therefrom. My opinions are to a reasonable degree of medical probability.

I have been retained as an expert on behalf of the Plaintiff in this matter. I have reviewed medical records and documents concerning the care and treatment provided to Titina Farris including:

1. St. Rose Dominican Records and billing;
2. Records of Dr. Rives;
3. Records of Dr. Chang;
4. Desert Valley Therapy;
5. Dr. Hamilton's Records;
6. St. Rose Dominican Records and billing;
7. Records and billing of Dr. Chaney;
8. Records and billing of Advanced Orthopedics and Sports Medicine;
9. Records and billing of Care Meridian;
10. Records and billing of Dr. Chinn.
11. Plaintiff's Complaint with Expert Affidavit of Vincent Pesiri, M.D.;

12. Dr. Rives Interrogatory Answers to Interrogatories;

13. Dr Chinn records and billing;

14. Care Meridian records and billing;

15. Deposition of Dr. Rives.

In the course of my career, I have performed many hernia repairs, including incisional hernia repairs, and am familiar with the standard of care in hernia repair and recognizing and treating infections, including sepsis.

Review of the records indicates that on July 3, 2015, Barry Rives, M.D. performed a laparoscopic reduction and repair of incarcerated incisional hernia on patient Titina Farris at St. Rose Dominican Hospital. Postoperatively, Titina Farris became septic as a result of a perforated colon.

It is my professional opinion, to a reasonable degree of medical probability, that Dr. Rives deviated from the accepted standard of care in his treatment of Titina Farris and those deviations caused damage to Titina Farris.

Titina Farris was an obese type 2 diabetic female. On August 7, 2014, she underwent removal of an abdominal wall lipoma and mesh repair of a ventral hernia by Dr. Rives.

She developed an incisional hernia recurrence at the same surgical site, which was confirmed by Dr. Rives on CT in June 2015. He recommended laparoscopic ventral hernia repair with mesh.

On July 3, 2015, Dr. Rives returned Titina Farris, now 52 years old, to surgery for "1. Laparoscopic reduction and repair of incarcerated incisional hernia with mesh; and 2. Colonorraphy x2."

The operative report of Dr. Rives states that “the transverse colon was severely stuck and adhered to the prior mesh repair.” The Ligasure (a bipolar thermal energy device) was used to “extract [the colon] from the mesh as the mesh would not come free from the skin.” This resulted in a colotomy (perforation of the colon), which was stapled closed using the Endo-GIA stapling device. A second colotomy was also noticeable and was repaired, again using the stapling device. Dr. Rives noted that after successive firings, the staple lines appeared to be intact. He noted no further serosal or full-thickness injuries to the colon. He then proceeded with intraperitoneal onlay mesh repair of the incisional hernia, placing polypropylene mesh within the abdominal cavity. The colon was noted to be healthy and viable with no further injuries or tears. The patient was extubated in the OR and was noted to be in stable condition.

On July 4, 2015, the first postoperative day, Titina Farris was tachycardic with a heart rate as high as 140 beats per minute, was noted by Dr. Rives to have a markedly elevated white blood cell count of 18.9, and her blood glucose was elevated to 517. She was transferred to the ICU that same day, and was seen that day in infectious disease consultation by Dr. Farooq Shaikh, who states:

"A 52-year-old female, status post reduction of incarcerated incisional hernia, operative nick to the colon and repair, now with postoperative abdominal pain, distention, sepsis, leukocytosis, and fever. This could represent fecal peritonitis."

Titina Farris continued to deteriorate and developed respiratory failure requiring intubation. CT on the second postoperative day showed fluid around the liver and in the pelvis. Over several days her white blood cell count elevation worsened despite broad spectrum antibiotic therapy. She continued to display evidence of sepsis and remained intubated on a ventilator. Despite this, Dr. Rives documented on July 6, 2015 that she was “progressing as

expected" and further stated that "pt has improved but still have not ruled out further surgery if condition does not improve or worsens." On July 9, 2015 general surgeon Gregg Ripplinger M.D. evaluated Titina Farris in second opinion consultation. He suspected a bowel leak and stated there should be a fairly low threshold for reoperation.

Dr. Rives continued to follow the patient, who continued to deteriorate and remained in critical condition. She ultimately required tracheostomy. On July 16, 2015, Dr. Elizabeth Hamilton operated on Titina Farris. The procedure performed was: 1. Exploratory laparotomy; 2. Removal of prosthetic mesh and washout of abdomen; 3. Partial colectomy and right ascending colon end ileostomy; 4. Extensive lysis of adhesions over 30 minutes; 5. Retention suture placement; 6. Decompression of the stool from the right colon into the ostomy; The postoperative diagnosis was: 1. Perforated viscus with free intra-abdominal air; 2. Sepsis; 3. Respiratory failure; 4. Anasarca; 5. Fever; 6. Leukocytosis; 7. Fecal disimpaction of the rectum.

Dr. Hamilton's operative report states: "Decision was made that she had evidence of perforation and likely perforation of the colon from the previous colon injuries. A decision was made that it would be in her best interest to take her to the operating room to evaluate this and try to get rid of the source of continued sepsis in this patient, who is failing." Her operative findings included an approximately quarter-size or 2.5 to 3 cm hole in the transverse colon. "Around it, there was an active leak of green feculent material and free air." Pus and stool were noted to be in contact with the mesh. Extensive chronic inflammatory change was identified.

Titina Farris remained in St. Rose Dominican Hospital until August 11, 2015. She was then transferred to Care Meridian Rehabilitation Facility. She was diagnosed with a bilateral foot drop.

As Dr. Hamilton had performed a colostomy, she returned Titina Farris to surgery in July 2016 for reversal of the colostomy. She noted at that time that the patient had also been diagnosed with neuropathy attributed to prolonged immobilization.

In this case, to a reasonable degree of medical probability, Dr. Rives fell beneath the accepted standard of care as follows:

1. Intraoperative technique;
2. Failure to adequately repair iatrogenic bowel perforations during the July 3, 2015 operation.
3. Failure to timely diagnose and treat colon perforation with feculent peritonitis during the postoperative period.
4. Poor post-operative management of the patient's perforated bowel and resultant sepsis.

Dissection of the transverse colon from the previously placed mesh using a thermal energy source resulted in at least two colotomies. The stapled repairs of the colotomies were inadequate and did not hold, resulting in spillage of fecal contents into the abdominal cavity. Mesh was placed into the peritoneal cavity adjacent to the site of colon perforation. The patient was allowed to become septic and deteriorate to critical condition due to ongoing spillage of stool from the perforated colon.

The post-operative management of the perforated bowel and resultant sepsis was below the standard of care. It was known that there were at least two holes created during the July 3, 2015 surgery. This should have put Dr. Rives on notice of a potential problem and the source of the infectious process. Post operatively, Titina Farris developed signs of infection. She had abdominal pain, tachycardia and a persistently elevated white blood cell count. On the first

postoperative day of July 4, 2015, Dr. Shaikh, the infectious disease consultant, documented his concern that Titina Farris had fecal peritonitis. She was transferred to the ICU on July 4, 2015 and continued to deteriorate and developed ongoing signs of sepsis, including respiratory failure requiring intubation and later tracheostomy, atrial fibrillation, fever, leukocytosis, and ileus. The source of the infection was not timely diagnosed, and the patient was allowed to deteriorate.

It is my opinion to a reasonable degree of medical probability that the aforesaid breaches of the standard of care by Dr. Barry Rives caused damage to Titina Farris. I have reviewed the medical billing in this case. The medical expenses incurred were reasonable, necessary and customary for the treatment rendered to Titina Farris.

I reserve the right to supplement this report if more information becomes available.

MICHAEL B. HURWITZ, M.D.

November 13, 2018

CURRICULUM VITAE

MICHAEL B. HURWITZ, M.D., F.A.C.S.

BIRTHPLACE:	Los Angeles, California	
EDUCATION:	B.S., Tulane University, New Orleans, LA	1978-1982
	M.D., LSU School of Medicine, New Orleans	1984-1988
RESIDENCY:	General Surgery, Harbor-UCLA Medical Center Torrance, California	1988-1994
FELLOWSHIPS:	Surgical Oncology, Harbor-UCLA Medical Center	1994-1995
	Advanced Minimally Invasive Surgery Los Angeles County/USC Medical Center	1997-1998
PRACTICE:	Surgeon, Newport-Irvine Surgical Specialists (NISS)	2012-present
	Program (Medical) Director, Hoag Wound Healing and Hyperbaric Medicine Center	2011-present
	Private Solo Practice, General Surgery	1998-2012
AFFILIATIONS:	Hoag Hospital Newport Beach and Irvine, California	Active Staff
	Newport Beach Surgery Center	Active Staff
OFFICES:	Board of Directors, NISS	2012-
	Board of Directors, Superior Integrated Specialty Care	2012-2014
	Member-at-Large, Med. Exec. Committee, Hoag Hospital	2011-2014
	Exec. Comm., Orange County Medical Association	2007-2011
	President, OCMA	2009-2010
	Board of Directors, OCMA	2005-2007
	Delegate, California Medical Association	2003-2011
	Board of Directors, Newport Beach Surgery Center	2006-2008 2015-
	Chair, Department of Surgery, Hoag Hospital	2005-2007
	Vice-Chair, Dept. of Surgery, Hoag Hospital	2003-2005
MEMBERSHIPS:	Fellow, American College of Surgeons	
	Orange County Medical Association	
	California Medical Association	
	American Medical Association	

AWARDS:	2013 Physicians of Excellence Award 2014 Physicians of Excellence Award OCMA/Orange Coast Magazine	
CERTIFICATION:	Diplomate, American Board of Surgery Recertified, American Board of Surgery	1995 2005
LICENSURE:	California (A48266)	1990-Present
COMMITTEES:	Hoag Digestive Disorder Institute Steering Comm. Hoag Melanoma Program Advisory Committee Hoag Bowel Surgery Cost Initiative Team Hoag Peer Review Committee Hoag GI Institute Steering Committee Hoag Continuum-of-Care Task Force Hoag Finance Committee	2014-Present 2014-Present 2013-Present 2013-Present 2013-Present 2010-2012 2009-2010
CONTINUING EDUCATION:	UCI Paul Merage School of Business Certificate in Leadership for Healthcare Transformation	June-Oct. 2013
PAST POSITIONS:	Clinical Instructor Division of Surgical Oncology Department of Surgery Harbor/UCLA Medical Center Torrance, California	1994-1995
	Attending Surgeon Montefiore Medical Center, Bronx, NY Albert Einstein Medical Center, Bronx, NY Our Lady of Mercy Medical Center, Bronx, NY	1995-1997
	Clinical Instructor Division of Emergency Non Trauma and Minimally Invasive Surgery Los Angeles County/USC Medical Center Los Angeles, California	1997-1998
RESEARCH:	The anorexigenic effects of TRH analogues; With A.V. Schally, M.D. Veterans Administration Medical Center New Orleans, Louisiana	 1982-1983

Genetic mapping, investigation into the chromosome 11
Locus for Multiple Endocrine Neoplasia Type 1 (MEN 1)
Syndrome;
With E. Passaro, Jr., M.D.
UCLA Medical Center
Los Angeles, California 1991-1992

ARTICLES: President's letter. Southern California Physician; October 2009; 32-33.

President's letter. Southern California Physician; March 2010; 28.

PUBLICATIONS

1. Passaro E Jr., Hurwitz M, Samara G, Sawicki M. Molecular biology: an overview. Am J Surg 1992; 164: 146-52.

2. Hurwitz M, Sawicki M, Samara G, Passaro E Jr. Diagnostic and prognostic molecular markers in cancer. Am J Surg 1992; 164: 299-306.

3. Samara G, Hurwitz M, Sawicki M, Passaro E Jr. Molecular mechanisms of tumor formation. Am J Surg 1992; 164: 389-96.

4. Sawicki MP, Samara G, Hurwitz M, Passaro E Jr. Human Genome Project. Am J Surg 1993; 165: 258-64.

5. Samara G, Sawicki M, Hurwitz M, Passaro E Jr. Molecular biology and therapy of disease. Am J Surg 1993; 165: 720-7.

6. Eubanks PJ, Sawicki MP, Samara GJ, Gatti R, Nakamura Y, Tsao D, Johnson C, Hurwitz M, Wan YJ, Passaro E Jr. Putative tumor-suppressor gene on chromosome 11 is important in sporadic endocrine formation. Am J Surg 1994; 167: 180-5.

7. Zane RE, Baumgartner F, Klein SR, Hurwitz M, Stein AG, Milliken JC. Video thoracoscopy: routine application for recurrent spontaneous pneumothorax. J Natl Med Assoc 1994; 86: 527-9.

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9. Katkhouda N, Hurwitz MB, Rivera RT, Chandra M, Waldrep DJ, Gugenheim J, Mouiel J. Laparoscopic splenectomy: outcome and efficacy in 103 consecutive patients. Ann Surg 1998; 228: 568-78.

10. Katkhouda N, Hurwitz MB, Gugenheim J, Mavor E, Mason RJ, Waldrep DJ, Rivera RT, Chandra M, Campos GM, Offerman S, Trussler A, Fabiani P, Mouiel J. Laparoscopic management of benign solid and cystic lesions of the liver. Ann Surg 1999; 229: 460-6.

11. Katkhouda N, Mason RJ, Mavor E, Campos GM, Rivera RT, Hurwitz MB, Waldrep DJ. Laparoscopic finger-assisted technique (fingeroscopy) for treatment of complicated appendicitis. J Am Coll Surg 1999; 189: 131-3.

12. Katkhouda N, Hurwitz MB. Laparoscopic splenectomy for hematologic disease. Adv Surg 1999; 33: 141-61.

13. Ghani KR, Hurwitz M, Menon M. Hem-o-lok clip causing small bowel obstruction after robot-assisted radical prostatectomy. Int J Urol 2012 Jun 4. Epub in advance of print.

Michael B. Hurwitz, M.D., F.A.C.S.

510 Superior Ave., Suite 200G

Newport Beach, CA 92663

Fee Schedule

Review of medical records

$500 per hour

Deposition

$2,400

Trial Testimony

$7,000

Michael B. Hurwitz, M.D., F.A.C.S.

510 Superior Ave., Suite 200G

Newport Beach, CA 92663

Record of Expert Deposition and Trial Testimony

1. Melendez v. Kaiser
   11/20/2014: Deposition (for Defendant)
   12/4/2014: Testimony at Arbitration

2. Chowdhury v. Mutafyan
   March 2016: Deposition (for Defendant)
   4/25/16: Trial testimony

3. Ramos v. Regents of the University of California dba UCLA Medical Center
   3/28/17: Deposition (for Plaintiff)

4. Humphrey v. McCuaig, M.D.
   4/20/17: Deposition (for Plaintiff)

5. Chavez v. Hamamji, M.D.
   6/1/17: Deposition (for Defendant)

6. Ferrill v. Davis, M.D.
   11/9/17: Deposition (for Defendant)
   3/7/18: Trial testimony

7. Oliver v. Blanco-Cuevas, M.D.
   12/1/17: Deposition (for Plaintiff)

8. Johnson v. Jain, M.D.
   9/13/18: Deposition (for Plaintiff)

Michael B. Hurwitz, M.D., F.A.C.S.

“EXHIBIT 1(b)”

1970

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Bighorn Law LLC
715 South Jones Blvd
Las Vegas, NV 89107
702-333-1111

CITY NATIONAL BANK
6085 West Twain Ave
Las Vegas, NV 89103
16-1606/1220

1629

09/25/2019

PAY TO THE ORDER OF National Medical Consultants, PC $ **1,500.00

One thousand five hundred and 00/100********** DOLLARS

National Medical Consultants, PC
14-14 Bonnie Lane
Bayside, NY 11360

Memo Titina Farris (Erick) - Invoice No.: 28475

⑈001629⑈ ⑆122016066⑆ 363⑈540392⑈

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Bighorn Law LLC
715 South Jones Blvd
Las Vegas, NV 89107
702-333-1111

CITY NATIONAL BANK
6035 West Twain Ave
Las Vegas, NV 89103

2011

12/05/2019

PAY TO THE ORDER OF National Medical Consultants, PC $ **8,000.00

Eight thousand and 00/100********** DOLLARS

National Medical Consultants, PC
14-14 Bonnie Lane
Bayside, NY 11360

Tilina Farris (Erick) - Invoice No. 28711

HAND & SULLIVAN, LLC- OPERATING ACCOUNT
FSB

3156

DATE	DESCRIPTION	INVOICE #	AMOUNT	CHECK DEDUCTION	NET AMOUNT
National Medical Consultants, P.C.					
12/10/18	Expert Invoices - Farris Dr. Hurwitz	26005	1,500.00		1,500.00

CHECK DATE	CONTROL NUMBER						
12/10/18	3156	TOTALS ▶	Gross:	1,500.00	Ded:	0.00	Net: 1,500.00

HAND & SULLIVAN, LLC
OPERATING ACCOUNT
3442 N BUFFALO DR
LAS VEGAS, NV 89129

FIRST SAVINGS BANK
78-683/914

3156

DATE 12/10/18

AMOUNT **$1,500.00

PAY *** ONE THOUSAND FIVE HUNDRED & 00/100 DOLLARS

TO THE ORDER OF: National Medical Consultants, P.C.
14-14 Bonnie Lane
Bayside NY 11360

MEMO: Farris 26005

AUTHORIZED SIGNATURE

⑈003156⑈ ⑆ ⑈

HAND & SULLIVAN, LLC- OPERATING ACCOUNT
FSB

3156

[L1572HT] 7222344

“EXHIBIT 2(a)”

JUSTIN AARON WILLER MD, FAAN
741 OCEAN PARKWAY
BROOKLYN, NY 11230
Certified by The American Board of Psychiatry and Neurology
Certified by The American Board of Electrodiagnostic Medicine

Phone: 718-859-8920 **Fax: 718-859-7438**

Mr. George Hand Esq.
Hand & Sullivan LLC
3442 Buffalo Dr
Las Vegas, NV 89129

October 22, 2018

Materials Reviewed:

1) Affidavit Vincent E. Pesiri MD

2) Dignity Health St Rose Dominican-San Martin Campus

-Discharge summary with Admission Date of 7/5/2015 and Discharge Date of 8/11/2015 indicating Ms. Farris had a perforated viscus, incarcerated incisional hernia with repair, colostomy and "Encephalopathy 2nd to sepsis and Med's (Opiates and Benzodiazepine)"

-Operative report 8/7/2014 Barry Rives MD indicating excision of abdominal wall lipoma/mass and repair of incarcerated ventral hernia with mesh.

-Operative report 7/3/2015 indicating laparoscopic reduction and repair of incarcerated incisional hernia with mesh and Colonorraphy.

-Operative report 7/16/2015 Elizabeth Hamilton MD indicating an exploratory laparotomy, removal of prosthetic mesh and washout of abdomen, partial colectomy and right ascending colon end ileostomy, extensive lysis of adhesions, retention suture, decompression of the stool from the right colon and fecal disimpaction was performed.

-Operative report 7/18/2016 indicating exploratory laparotomy, completion of right hemicolectomy with ileocolic anastomosis, addition small bowel obstruction and repair of incisional hernia.

-Surgical pathology report prosthetic abdominal mesh and transverse colon and omentum.

-Progress notes Geraldine Bent APM 8/8/2015

-Surgical progress notes 8/1,2,3,4,5,6,7,8,9,10,11/2015.

3) Report of Thomman Kuruvilla DPM from 8/31/2015 indicating that she "suffered a dropfoot and severe peripheral neuropathy without any motor function of the bilateral lower extremity.

4) Report of NCV/EMG of the lower limbs

5) Physical therapy noted from 8/10-2015

6) Progress Note of Naomi Chaney MD from 9/1/2015 indicating "She had gone in for elective surgery for hernia and had complications related to the surgery…She has known history of diabetes, neuropathy and now critical care neuropathy with foot drop.

7) Records Advanced Orthopedics and Sports Medicine from 7/2/2014, 11/25/2014 and 5/5/2015 indicating history of "diabetic neuropathy". "Regarding the bilateral feet, there is pain noted. Strength reported as normal.

8) Mammogram 6/16/2014

9) Report of MRI of the lumbosacral spine from 6/13/2014 indicating the presence of mild facet disease at L4-L5 and L5-S1.

10) Report of MRI of the lumbosacral spine from 6/22/2016 indicating normal study.

11) Reports of CT abdomen from 6/12/2015 and 3/21/2016.

12) Chest Radiograph 9/16/2015 report.

13) Report of Lower Extremity Arterial Doppler 1/11/2017

14) Report of MRI of the left foot from 1/11/2017.

15) Video clips of examination of Ms. Farris which includes the demonstration of bilateral foot drops and markedly unsteady gait.

16) Life Care Plan and examination from Alex Barchuk MD from 3/20/2018.

- "Sensation: Severely impaired below the knees bilaterally to temperature and light touch. Absent position sense in the toes and ankles bilaterally. Decreased sensation in the median nerve distribution bilateral hands."

- "3+/5 motor strength bilateral upper extremities with normal tone and isolated movement. Hip flexors 3+/5 bilaterally. Hip extensors 3+/5 bilaterally. Knee extensors 3/5/ bilaterally. Knee flexors 3/5 bilaterally. Foot dorsiflexors and plantar flexors 0/5 bilaterally.

- "Sit to stand is possible only with upper extremity support and use of a walker."

- "Steppage gait with impaired balance. Unable to tandem. Unable to ambulate on toes or heels. Severe instability without use of a walker requiring direct physical contact."

17) progress note from Dr. Elizabeth Hamilton from July 17, 2016.

18) Progress Notes Southern Nevada Pain Center from 8/23/2018, 6/27/2018, 5/30/2018, 4/30/2018 and 4/5/2018 indicating the presence of a foot drop and absent foot inversion and eversion.

19) Records from Care Meridian Buffalo with admission date of August 12, 2015 indicating the presence of a foot drop (page 194 of 300).

III. Critical Illness Polyneuropathy and Myopathy

Myopathy and Polyneuropathy accompany sepsis[1]. Bolton et. al reported 5 patients in critical care units from 1977 to 1981 who demonstrated a primary, distal, axonal degeneration of motor and sensory fibers. The condition was named critical illness polyneuropathy (CIP)[1].

Bolton et. al. found that CIP was associated with sepsis and multiple system organ failure was 70%[1]. It is often preceded by septic encephalopathy and is followed by difficulty weaning the patient from a ventilator[1].

Critical Illness Myopathy (CIM) risk factors are acute respiratory disorder including in conjunction with the use of high-dose intravenous steroids and nondepolarizing blocking agents[1,2]. Other risk factor include acidosis, liver and lung transplantation and hepatic failure[2]. Prolonged intubation is also a risk factor.

CIP and CIM presents with flaccid paralysis[1,3]. CIP also presents with hyporeflexia or areflexia, muscle atrophy and distal sensory loss[3].

Critical Illness Myopathy develops in 35% of patients with status asthmaticus[3], and may occur in the absence of sepsis[3].

CIM sometimes have a proximal predominant flaccid weakness frequently with ventilatory failure[3]. Facial weakness may occur but extraocular muscle weakness is rare. Deep tendon reflexes may be normal or reduced and sensation is normal[3].

Nerve conduction studies commonly demonstrate a reduction in the amplitude of the compound muscle action potentials (CMAP) with amplitudes usually less than 50% of the lower limit of normal[3].

In critical illness myopathy the reduction is CMAP amplitude is out of proportion to the reduction in the corresponding sensory nerve action potential (SNAP)[3]. Sensory responses are usually normal in amplitude[3].

Needle EMG examination frequently reveals fibrillation potentials diffusely and relatively early in the clinical course and motor unit potentials are short in duration and of low amplitude with polyphasia in proximal and distal muscles[3].

CIP has reductions in the amplitudes of both the CMAPs and Snaps usually without significant reduction in conduction velocity of the motor nerves[3].

Fibrillation potentials are also noted in distal and proximal muscles (noted in the diaphragm in 29% of patients) with decreased recruitment, nascent units and long duration motor unit potentials[3].

Critical illness myopathy histopathologic features include muscle fiber atrophy and lysis of the myosin heavy chains. Necrosis and regeneration ranges from none to severe[3].

Critical Illness Polyneuropathy demonstrates degeneration of motor and sensory axons, but nerve biopsies are sometimes normal. Hyperglycemia, hypoalbuminemia and nutritional factors may increase the risk of development of CIP[3].

Mortality for critical illness polyneuropathy is up to 50%3. Long term prognosis is much better for critical illness myopathy[3,4] with up to 88% of CIM patients recovering within 1 year whereas patients with combined CIM/CIP only 55% were recovered within 1 year[4].

Some studies have shown that the patients with persistent disabilities had critical illness polyneuropathy with or without critical illness myopathy and central nervous system insults[3].

IV. Specific Causation

Ms. Titina Farris underwent surgery on 8/7/2014 by Barry Rives MD with excision of abdominal wall lipoma/mass and repair of incarcerated ventral hernia with mesh.

She underwent surgery on 7/3/2015 with laparoscopic reduction and repair of incarcerated incisional hernia with mesh and Colonorraphy. During the surgery a small tear was created in the colon.

Following surgery, she had to be emergently intubated on 7/5/2015 and was septic. Difficulty weaning from the ventilator was noted and the patient subsequently underwent a tracheostomy on July 14, 2015. She was subsequently extubated on August 8, 2015.

Ms. Farris was admitted on 7/5/2015 and discharged on 8/11/2015. Ms. Farris had a perforated viscus, incarcerated incisional hernia with repair, colostomy and "Encephalopathy 2nd to sepsis and Med's (Opiates and Benzodiazepine)"

She underwent another operation on 7/16/2015 by Elizabeth Hamilton MD an exploratory laparotomy, removal of prosthetic mesh and washout of abdomen, partial colectomy and right ascending colon end ileostomy, extensive lysis of adhesions, retention suture, decompression of the stool from the right colon and fecal disimpaction was performed for a perforated viscus.

She underwent re-operation on 7/18/2016 and had an exploratory laparotomy, completion of right hemicolectomy with ileocolic anastomosis, addition small bowel obstruction and repair of incisional hernia.

Surgical pathology report from July 17, 2015 indicated specimen A consisted of prosthetic abdominal mesh and specimen be consisted of transverse colon and omentum with "3 foci of colonic ulceration with trans mural acute inflammation and perforation." Also noted was "associated acute serositis and omentum with acute inflammatory exudate and reactive changes."

"3 trans mural defects are identified along the length of the colon. The 1st defect is located roughly within the mid aspect, measures 2.0 x 1.6 cm and the borders are inked orange. This defect is located 2.9 cm from the green inked margin and 2.8 cm from the black inked margin. 2nd defect is located within a markedly thinned area of wall with an overall measurement of 3.7 x 3.5 cm." "The 3rd defect measures 1.0 x 0.4 cm."

Abdominal drains were placed by radiology on 7/30 and 7/31 to drain pus from the abdomen. She was eventually extubated and the abdominal drains were removed. Discharge summary notes "neuropathy pain in her legs" for which she was started on Lyrica.

She also experienced an "encephalopathy 2nd to sepsis and med's (opiates and benzodiazipines)" which was improving at the time of discharge.

She was then transferred to a rehabilitation facility.

At some point the patient developed weakness in particular severe distal weakness of the lower extremities. Dr. Elizabeth Hamilton noted on July 17, 2016 that she had "neuropathy in the foot reportedly due to prolonged hospitalization last year." Dr. Hamilton also noted that Ms. Farris was tearful at times and her impression included depression.

Dr. Barchuk noted that she is experiencing pain in her legs and lower back pain and severe unsteadiness necessitating a walker to ambulate with at least 2 falls in the year prior to Dr. Barchuk's examination. She needs help dressing, showering, cleaning, meal preparation and toileting.

Dr. Barchuk noted that Ms. Farris can sit for a total of 4 hours a day and stand for a total of 2 hours per day and cannot lift more than three pounds.

Dr. Barchuk also reported that she has severe sensory loss below the knees, depression and anxiety. On examination he noted decreased range of motion at the neck and lower back, severe sensory loss below the knees, steppage gait, quadriparesis and a right ankle contracture.

Dr. Barchuk also noted she cannot walk on her heels and toes. Dr. Barchuk also noted "severe instability without use of a walker, requiring direct physical contact."
In his discussion, Dr. Barchuk also indicated she had Dupuyten's contractures in both hands.

Video clips of her examination demonstrate bilateral foot drops, sensory loss below the knees and severe truncal instability.

Dr. Steven Y. Chinn (Southern Nevada Pain Center noted absent foot dorsiflexion, inversion and eversion in examinations performed in 2018,

PAST MEDICAL HISTORY:
Allergies: Aspirin.
Surgical History: C-section, reversal of colostomy 2016, as above.
Medications: Buspar, Xanax, Citalopram, Percocet, Metformin, Januvia, Lisinopril, Carvedilol, Jardiance, Duloxetine, Insulin.
Past Illnesses: Diabetes, hypertension, dyslipidemia and reflux.

Summary and Opinion:

Ms. Titina Farris underwent surgery on 8/7/2014 by Barry Rives MD and again on 7/3/2015 with laparoscopic reduction and repair of incarcerated incisional hernia with mesh, but during the surgery a tear was created in the colon.

She subsequently developed sepsis and encephalopathy and weakness of the lower limbs decreased sensation below the knee.

Ms. Farris has bilateral foot drop, truncal instability, steppage gait and sensory loss below both knees.

To a reasonable medical certainty, her bilateral foot drop, truncal instability, steppage gait and sensory loss below both knees is related to a diffuse sensorimotor polyneuropathy which in Ms. Farris' case is due to critical illness polyneuropathy.

The proximate cause of the critical illness polyneuropathy was the sepsis that resulted from the tears in her colon that developed during the course of the repair of her incarcerated hernia.

As is typical for critical illness polyneuropathy it was preceded by septic encephalopathy. The difficulty weaning from the ventilator was caused by the critical illness polyneuropathy.

To a reasonable medical certainty, Ms. Farris' clinical course is not consistent with Guillain-Barre syndrome (Acute Inflammatory Demyelinating Polyneuropathy) which usually reaches its nadir with 4 to 6 weeks and is followed by recovery.

The acute motor and sensory axonal polyneuropathy (AMSAN) variant of Guillain-Barre syndrome is likewise not consistent with her presentation and is typically preceded by an acute diarrheal illness which Ms. Farris did not have.

To a reasonable medical certainty, her clinical course is likewise not consistent with critical illness myopathy which usually shows improvement with time (up to 88% of patients recover within 1 year[4]) and is not typically associated with sensory loss.

Critical illness myopathy is also associated with use of high dose intravenous steroids and neuromuscular blocking agents which Ms. Farris did not receive.

To a reasonable medical certainty, given that it has been more than 3 years since the onset of her foot drop, sensory loss and truncal instability her deficits are permanent. Recovery can occur in critical illness polyneuropathy, but this usually occurs within the first year following the initial event and if there has been no recovery within the first-year recovery is unlikely.

As she ages her gait will deteriorate further and she will require a motorized wheelchair. She will also need transportation to and from medical appointments which will include a handicapped accessible van. A handicapped accessible van should be replaced every 7 years.

She is at increased risk of falling and permanently has a higher risk of a fractured hip requiring a surgical repair, spinal cord injury and intracranial hematoma including the risk of death.

She will require at least 8-10 hours per day of assistance with dressing, toileting, showering, meal preparation, shopping and household cleaning.

A trial of biofeedback, acupuncture and/or acupressure should be done and if she has significant pain relief should be continued on an ongoing basis.

Ms. Farris should also be referred to a neurologist for treatment of her neuropathic pain on an ongoing basis. To a reasonable medical certainty, she will require adjustment of her prophylactic medication or switching her to alternate medication.

She will require periodic courses of physical therapy to address acute exacerbations of her truncal instability as she ages.

She will require modification of her domicile to make it handicapped accessible including installing handicapped accessible doors, sinks and toilets. This may also include installation of a wheelchair ramp or a chair lift.

Given the presence of depression as noted by Dr. Hamilton, the patient will require ongoing psychologic therapy either from a psychologist or a psychiatrist. A trial of group therapy should be tried and if helpful should continue on an ongoing basis.

To a reasonable medical certainty, she is not capable of even sedentary work (capability to perform sedentary work requires a patient to lift at least 10 pounds).

I, Justin Willer MD, being a licensed physician to practice in the state of New York on penalties of perjury to hereby affirm the contents of the foregoing is true the best of my knowledge and information.

These interpretations are based upon my education and experience in medicine and the specialty of neurology, and I hold these opinions to a reasonable degree of medical certainty.

I hold the right to amend my opinions if appropriate and when additional information becomes available to me.

Sincerely yours,

Justin Aaron Willer, MD

REFERENCES:

1) Bolton, CF, Neuromuscular Manifestations of Critical Illness, Muscle & Nerve 32: 140-163, 2005.

2) Govindarajan, R, Jones, D, Galvez, N, AANEM Case Study: Critical Illness Polyneuropathy, October 2014.

3) Lacomis, D, Electrophysiology of Neuromuscular Disorders in critical illness, Muscle & Nerve 47:452-463, 2013.

4) Koch, S, et. al., Long-term recovery in critical illness myopathy is complete, contrary to polyneuropathy, Muscle & Nerve 50:431-436

CURRICULUM VITAE

Justin A. Willer

PERSONAL	Place of Birth: Brooklyn, New York Date of Birth: December 15, 1963
EDUCATION	Haftar High School (June, 1979)
	Columbia College of Columbia University B.A., Biology (September, 1979-June, 1983)
	University of Health Sciences The Chicago Medical School M.D. (August, 1983 - June, 1987)
HONORS AND AWARDS	National Honor Society of Secondary Schools Certificate of Merit, National Merit Scholarship Program Regents Scholarship State of New York Dean's List Columbia University Phi Lambda Upsilon (Honor Chemical Society) Alpha Omega Alpha (Honor Medical Society) elect. 12/85 Vice-President, Delta Chapter Alpha Omega Alpha 1986-87.
HOSPITAL APPOINTMENTS	Attending Physician Kings County Medical Center 1994-1995
	Assistant Neurologist Maimonides Hospital Medical Center Department of Medicine/ Division of Neurology 6/96-present Electrodiagnostic Laboratory 6/96-5/97
	Assistant Attending Neurologist Long Island College Hospital Department of Neurology 12/97-2015
	Attending Neurologist University Hospital Electrodiagnostic Laboratory 8/97-4/01
ACADEMIC APPOINTMENTS	Assistant Professor of Clinical Neurology Department of Neurology State University of New York, HSC at Brooklyn

CURRICULUM VITAE

Justin A. Willer

Neuromuscular Consultant
STAR Clinic
State University of New York, HSC at Brooklyn

CERTIFICATIONS

Diplomate American Board of Psychiatry and Neurology 1994.
Diplomate American Board of Electrodiagnostic Medicine, May 1996.
Diplomate American Board of Psychiatry and Neurology with added qualification in Clinical Neurophysiology, 1999.

RESEARCH EXPERIENCE

Co-investigator on the following studies:

The efficacy and safety of gabapentin monotherapy in patients with ALS: An open label, dose controlled, study.

Neuromagnetic Stimulation of the Cauda Equina in Patients with HIV Neuropathy.

Warfarin/Aspirin Recurrent Stoke Study.
Maimonides Medical Center

Sub-investigator on the following studies:

An open label multicenter study of the safety and efficacy of gabapentin as monotherapy or add-on therapy in the long term treatment of epileptic seizures. (Warner Lambert)

An open study of lamictal in epileptic outpatients. (Burroughs Wellcome)

A protocol to provide lamictal for the treatment of serious or life threatening epilepsy. (Burroughs Wellcome)

An open label study of the safety of long-term tiagabine HCl administration in patients with epilepsy. (Abbott Laboratories & Novo Nordisk)

RESEARCH EXPERIENCE

An open long term maintenance study of vigabatrin in patients with uncontrolled complex partial seizures. (Marion Merrell Dow)

Long term safety and efficacy evaluation of Zonisamide

in the treatment of seizures in medically refractory patients and efficacy evaluation of Zonisamide monotherapy. (Dainippon Pharmaceutical Co.)

POST-GRADUATE TRAINING

Brookdale Hospital Medical Center
Internship in Internal Medicine
July 1, 1987 - July 1, 1988

Temple University Hospital
Resident in Ophthalmology
July 1,1989 - December 15,1989

Long Island Jewish Medical Center
Resident in Neurology
January 1, 1990 - June 30, 1991

Mount Sinai Hospital Medical Center (NY)
Resident in Neurology
July 1, 1991 - June 30, 1993

Epilepsy/EEG/EP/Intraoperative Monitoring Fellowship
University of Miami International Center
for Epilepsy, Dept. of Neurology
July 1, 1993 -June 30, 1994

EMG/Neuromuscular Diseases Fellowship
SUNY Health Science Center at Brooklyn
July 1, 1994- June 30,1995

LICENSES

New York, License # 174836-1, Granted 7/88
New Jersey, License # 52625, Granted 12/88
Florida, License # ME0065399, Granted 12/93

PROFESSIONAL AFFILIATIONS

Fellow American Academy of Neurology
Chicago Medical School Alumni Association
Fellow, American Association of Neuromuscular & Electrodiagnostic Medicine

ABSTRACTS

Willer, JA, Morgello, S, Therapy Resistant Toxoplasmosis: A Clinicopathologic Study, J Neuropath & Exp Neuro, 52(3): 271, 1993.

Philbrook B, Toledo C, Willer JA, Ramsay RE, Slater JD
An Open Trial of Gabapentin Monotherapy in Patients with Uncontrolled Partial and Secondarily Generalized

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Justin A. Willer

Seizures. Epilepsia 35: (Suppl 8) 97, 1994.

Amassian, VE, Cracco, RQ, Macabee, PJ, Hassan, N, Willer, JA, Eberle, L, Can calcarine cortex be bypassed in a human visual reaction time. J. Physiol, 1995,Vol 483, P: 55-59.

Macabee, PJ, Lipitz, ME, Desudchit, T, Golub, RW, Amassian, VE, Nitti, VW, Cracco, RQ, Hotson, GC, Eberle, LP, Jalal, S, **Willer, JA**, Bania, JP, Detection of Proximal Demyelinating Neuropathy in Cauda Equina by Neuro-magnetic Stimulation.Neurology (Suppl 4) 45:A170, 1995.

Maccabee, PJ, Lipitz, MR, Desudchit, T, Amassian, VE, **Willer, JA,** Cracco, RQ, Vas, GA, Anziska, BJ, Eberle, LP, Patterns of Cauda Equina, Limb and Terminal Segment Conduction Time Abnormalities in Demyelinating and Axonal Neuropathies. Neurology 46(2): A471-472, 1996.

Safety And Efficacy Of Gabapentin In Amyotrophic Lateral Sclerosis, **Willer, J.A.**, Kula, R., Sorrentino, C., Presented at the 7th International Symposium on ALS/MND, Nov. 1996.

Maccabee, PJ, Atluri, R, Jagoo, D, **Willer, JA**, Ahad, AB, Szabo, AZ, Durkin, HG, Nowakowski, M, Banerji, MA, Gootman, PM, Amassian, VE, Cracco, RQ, Lebovitz, HE, Neuromagnetic Stimulation at Selected Spinal Levels can Significantly Influence Endocrine Function, Neurology 48:A191, 1997.

PUBLICATIONS

Maccabee, PJ, Lipitz, MR, Desudchit, T, Golub, RW, Amassian, VE, Nitti, VW, Bania JP, **Willer, JA,** Cracco, RQ, Cadwell, J, Hotson, GC, Eberle, LP, A New Method Using Neuromagnetic Stimulation to Measure Conduction Time Within the Cauda Equina, Electroenceph. Clin. Neurophysiol 101:153-166,1996.

Upper limb conduction time distinguishes demyelinating neuropathies, Paul J. Maccabee, Larry P. Eberle, Ian A.G. Stein, **Justin A. Willer,** Mark E. Lipitz, Roger W. Kula, Tatiana Marx,

CURRICULUM VITAE

Justin A. Willer

	Eugeniu V. Muntean and Vahe E. Amassian, Muscle & Nerve Volume 43, Issue 4, April 2011, Pages: 518–530,
PODCASTS	**Electrodiagnosis of Ulnar Neuropathy at the Elbow: A Bayesian approach** interviewing Dr. Eric Logigian, 2014.
	Muscle Intrusion as a potential cause of carpal tunnel syndrome interviewing Dr. Michael Cartwright, 2014.
	Paraprotenemic neuropathies interviewing Dr. Divisha Raheja, 2015
	Can Mycophenolate mofetil be tapered safely in myasthenia gravis? A retrospective multicenter analysis interviewing Dr. Lisa Hobson-Webb, 2015
CONSULTANCY	Software Consultant Cadwell Corporation
COMMITTEES	Editorial Board Podcast Committee AANEM 2013-2016
PRIVATE PRACTICE	Independent General Medical Practice July 1988- July 1989
	Locum Tenens/ Independent Neurologic Practice July 1995- June 1996
	Private Neurologic Practice May 1997- present

FEE SCHEDULE

Justin A. Willer, M.D.

REVIEW OF MEDICAL RECORDS	$	500 per hour
DEPOSITION	$	2,400
TRIAL	$	7,000 per day

JUSTIN AARON WILLER MD, FAAN
741 OCEAN PARKWAY
BROOKLYN, NY 11230
Certified by The American Board of Psychiatry and Neurology
Certified by The American Board of Electrodiagnostic Medicine

Phone: 718-859-8920 **Fax: 718-859-7438**

Date: June 13, 2017

Testimony

Milan, John	Guardianship hearing	Boston civil court
Casciato, John P	Personal Injury	NY Civil court
Moreff, Pavel	Personal Injury	NY Civil court
Blake, E	Medical Malpractice	US Federal Court (Buffalo)
Stanton, E	Medical Malpractice	Pennsylvania Court
Chai-Edwards, V	Personal Injury	NY Civil Court

Deposition

Guajardo, R	Medical Malpractice	
Weaver, C	Medical Malpractice	2017
Brzozowski, R	Medical Malpractice	June 2017
Monaghan, T	Medical Malpractice	December 2017
Prettitore, K	Medical Malpractice	May 2018
Vanbost, D	Personal Injury	September 2018

“EXHIBIT 2(b)”

1992

Bighorn Law LLC
716 South Jones Blvd
Las Vegas, NV 89107
702-333-1111

CITY NATIONAL BANK
8205 West Twain Ave
Las Vegas, NV 89103
16-1608/1200

1627

09/25/2019

PAY TO THE ORDER OF National Medical Consultants, PC $ **3,250.00

Three thousand two hundred fifty and 00/100********** DOLLARS

National Medical Consultants, PC
14-14 Bonnie Lane
Bayside, NY 11360

Tibina Farris (Erick)

⑈001627⑈ ⑆122016066⑆ 363-54,039 2⑈

Bighorn Law LLC
716 South Jones Blvd
Las Vegas, NV 89107
702-333-1111

CITY NATIONAL BANK

2048

12/11/2019

PAY TO THE ORDER OF National Medical Consultants, PC $ **10,000.00

Ten thousand and 00/100********** DOLLARS

National Medical Consultants, PC
14-14 Bonnie Lane
Bayside, NY 11360

Tilina Farris (Erick) - Invoice No. 28712

⑈002048⑈ ⑆122016066⑆ 363-540392⑈

HAND & SULLIVAN, LLC- OPERATING ACCOUNT
FSB

3141

DATE	DESCRIPTION	INVOICE #	CHECK AMOUNT	DEDUCTION	NET AMOUNT
National Medical Consultants, P.C.					
11/29/18	Expert Invoices - Farris		5,175.00		5,175.00

CHECK DATE	CONTROL NUMBER	TOTALS ▶	Gross:	5,175.00	Ded:	0.00	Net:	5,175.00
11/29/18	3141							

HAND & SULLIVAN, LLC
OPERATING ACCOUNT
3442 N BUFFALO DR
LAS VEGAS, NV 89129

FIRST SAVINGS BANK
78-683/914

3141

DATE 11/29/18

AMOUNT **$5,175.00

PAY *** FIVE THOUSAND ONE HUNDRED SEVENTY-FIVE & 00/100 DOLLARS

TO THE ORDER OF: National Medical Consultants, P.C.
14-14 Bonnie Lane
Bayside NY 11360

MEMO: Farris 25852; 25838

AUTHORIZED SIGNATURE

Security features included. Details on back.

⑈003141⑈ ⑆

HAND & SULLIVAN, LLC- OPERATING ACCOUNT
FSB

3141

[L1572HT] 7145541

“EXHIBIT 3(a)”

1996

PHYSICAL MEDICINE AND REHABILITATION
LIFE CARE PLANNING EVALUATION

RE:	Titina Marie Farris
DATE OF BIRTH:	10/24/1962
DATE OF INJURY:	7/3/2015
DATE OF EXAMINATION:	3/20/2018
LOCATION OF EXAMINATION:	Kentfield Hospital Outpatient Department
PRESENT DURING EVALUATION:	Patient's husband
REFERRED BY:	George Hand, Esq.
CURRENT ADDRESS:	6450 Crystal Dew Drive Las Vegas, NV 89118
TYPE OF RESIDENCE:	House
NUMBER OF STORIES IN HOME:	One

NUMBER OF STAIRS TO THE FRONT DOOR: Four

NUMBER OF STAIRS TO SECOND FLOOR: N/A

HOME MODIFICATIONS:	Bathroom/shower bars. Bars in bathroom stall.
PEOPLE LIVING AT THE RESIDENCE:	Patrick Farris – Husband Elisabeth Farris - Daughter
CELLULAR PHONE:	702-472-3904
MARITAL STATUS:	Married for 14 years. .
CHILDREN:	Three children. Two daughters – 30 and 12 One son – 33 years old.
EDUCATION:	GED. Graduated 1980. Ms. Farris did not attend college.
OCCUPATION:	Retail.

NAME OF LAST EMPLOYER:

Walmart.

ADDRESS OF LAST EMPLOYER:

3615 S Rainbow Boulevard
Las Vegas, NV

JOB SATISFACTION:

Good.

CAUSE OF INJURY:

"Hernia repair surgery July 3/15 perforated Bowl Septic put on a ventilator and Developed foot drop in both feet. Need of a colostomy. Also combined to wheelchair – not able to walk."

SPECIFIC COMPLAINTS:

1. Pain in leg – consistent.
2. Feet ache
3. Mobility is poor
4. Lower back – pain

ACTIVITIES THAT CHANGE THE NATURE OF MS. FARRIS' PAIN:

Sitting aggravates "Lower back"
Standing has no effect.
Rising from sitting Aggravates "ankles – Back (lower)"
Leaning forward: Aggravates. "Can't standing will fall"
Walking: "Can only walk holding walker"
Lying on side aggravates "legs – lower back"
Lying on your back: "For short time"
Lying on stomach: Aggravates. "Sore were surgey happened"
Driving: "Can Not Drive (Drop Foot)"
Coughing or sneezing: No effect.

Running: Aggravates. Cannot run.
Stretching Program: Relieves.
Aerobics Program: Aggravates. "can Not Do"
Sleeping: Aggravates. Wake up from pain."

HELPFUL TREATMENT MODALITIES:

TENS: Helpful. "little help" Last session: 3/1/18.

Physical Therapy: Helpful. Duration of effect "6 months."
Acupuncture: Helpful. "8 sessions". Last session 2/4/16.
Bed Rest: Helpful.

TREATMENT MODALITIES NOT TRIED:

Ms. Farris has not tried hot packs, ice, chiropractic care, massage, biofeedback, or trigger point injections.

FUNCTIONAL STATUS PRIOR TO INJURY:

Feeding: "Same"
Grooming/Hygiene: "No problems"
Upper Extremity Dressing: "No problems"
Lower Extremity Dressing: "Need help putting on clothes shoes"
Bathing/Showering: "No problems"
Grooming/Hygiene: "No problems"
Toileting: "No problems"
Standing up from Seated Position: "No problems"
Bed Mobility: "No problems"
Lying on side to sit: "No problems"
Transfers: "No problems"
Ambulation: No problems"
Wheelchair Mobility: "N/A"
Driving: "Not recent – one car".
Hobbies: "Dancing, ride Bike, moderate hiking"

CURRENT FUNCTIONAL STATUS:

Feeding: "Same"
Grooming/Hygiene: "Need help showering"
Upper Extremity Dressing: "No problems"
Lower Extremity Dressing: "Need help putting on clothes/shoes"
Bath/Showering: "Need help getting in out and drying off"
Grooming/Hygiene: "Taking care of feet"
Toileting: "helping to get in"
Standing Up from Seated Position: "Need help with balance"

Bed Mobility: "poor mobility"
Lying on side to sit: "Pain – leg side"
Transfers: "need help get into a vehicle"
Ambulation: "can not walk without walker"
Wheelchair Mobility: "ok"
Driving: "No"
Hobbies: "None"

TYPICAL DAY:

Ms. Farris can comfortably sit for 2 hours, and comfortably stand for 1 minute.
She can comfortably walk without holding on – 2 steps.
Ms. Farris can sleep uninterrupted for two hours.

The above activities are limited by pain and weakness.

Ms. Farris' typical day is spent sitting for 4 hours and walking 2 hours. If she performs any lifting the object weighs no more than three pounds.

TIME MISSED FROM WORK IN THE PAST YEAR:

"NA"

CURRENT THERAPIES:

Ms. Farris is performing a home exercise program on a regular basis.

She is not being seen by a Physical Therapist, an Occupational Therapist, or a Psychologist.

ATTENDANT CARE:

"No. My husband takes care of me."

ACTIVITIES/DUTIES PERFORMED BY ATTENDANT:

"help me into shower/cooks"
"Cleans takes are of dog our Daughter"
"Laundry Shopping"

CURRENT MEDICATIONS:

1. Buspirone (new) – 15 mg tablet when needed. Related to injury. Helpful.
2. Alprazolam (new) 5 - .05 mg tablets daily. Related to injury. Helpful.
3. Citalopram (new) 10 mg tablets when needed/daily. Related to injury. Helpful.
4. Oxycodone – Percocet (new) 10/325 tab 3-4 times a day. Related to injury. Helpful.
5. Metformin (pre) 1000 mg tab. Frequency – 2 daily. Unrelated to injury.
6. Januvia (pre) 100 mg, 1 daily. Unrelated to injury. Helpful.
7. Lisinopril (pre) 2.5 mg tab. Frequency – 1 daily. Unrelated to injury. Helpful.
8. Carvedilol (pre) 12.5 mg tab. Frequency – 1 daily. Unrelated to injury. Helpful.
9. Jardiance (empagliflozin) (pre) – 1 daily. Unrelated to injury. Helpful.
10. Duloxetine (new) 60 mg capsule. Frequency – 1 daily. Unrelated to injury. Helpful.
11. Probiotic, 1 daily. Related to injury ("colon support"). Helpful.
12. Lantus (pre) solostar 45 units Daily.

MEDICATIONS PRIOR TO INJURY:

Medications for diabetes and high blood pressure.

MEDICATION ALLERGIES:

Aspirin.

MEDICAL ISSUES PRIOR TO THIS INJURY:

Diabetes and high blood pressure.

SURGERIES PRIOR TO THIS INJURY:

Three C-sections – January 13, 1985, January 17/1988, and November 11/11/05.
August 7, 2014 – Hernia repair performed by Dr. Rivas.
July 3, 2015 – Barry J. Rives, MD.
July 16/15 Dr. Hamilton.

CURRENT PHYSICIANS:

Dr. Chaney. Visit once a month. Dr. Chaney is following Ms. Farris' blood pressure, diabetic management and injury-related problems.

FAMILY HISTORY:

Parents still living – 82 years of age.

No known family history of rheumatoid arthritis, diabetes, cancer, heart disease, chronic muscle pain, or depression.

HABITS:

Ms. Farris denies smoking cigarettes or drinking alcohol.

ACTIVITIES MS. FARRIS WISHES TO RETURN TO:

"Dance
Walk Daughters to school
Play with Dogs
Go on vactions
Go to concerts
Go to beach
Visit family more than now
Go to Disneyland
Go camping"

WISH LIST:

1. Standard bike
2. Scooter
3. Physical therapy
4. Acupuncture therapy
5. Water therapy
6. Supportive counseling
7. Podiatrist

EQUIPMENT AND SERVICES RELATED TO INJURY:

"Wheelchair
Cane
Place bars in shower and stall
Walker
Shoes"

REVIEW OF SYSTEMS:

HENT: Ms. Farris complains of near and far blurry vision. She wears glasses for reading. She does not know whether this is related to her injury.

Pulmonary: Noncontributory.

Cardiac: History of hypertension.

Gastrointestinal: As stated above. No incontinence.

Genitourinary: Noncontributory. No incontinence.

Height: 5' 2" tall.

Weight: 160 lbs. Premorbid weight 143 lbs.

Psychological: Ms. Farris complains of depression and anxiety. No premorbid history. She is open to psychological supportive counseling, however states that currently she is unable to afford it. Ms. Farris also complains of impaired short term memory.

Endocrine: Ms. Farris states she takes insulin twice daily. She denies any hypoglycemic events. Typically, her blood sugar is in the 150-200 range. She states that her last hemoglobin A1-C was "elevated." She is not seeing a dietician.

Therapies: Ms. Farris states that acupuncture therapy has been helpful, however she is no longer able to afford it. She also states that she is unable to afford a Podiatrist.

Activities of Daily Living: Ms. Farris states that her husband now has to do all of the cleaning, gardening, laundry, shopping as well as cooking and taking care of their 4 dogs. Premorbidly, Ms. Farris states that she did the majority of the cleaning as well as the laundry and taking care of their dogs. She did 50% of the shopping and approximately 25% of the cooking. She estimates that her husband has to help an additional 4-5 hours per day for the above activities. Ms. Farris states that she can dress herself independently except for requiring 100% help with donning and doffing her shoes. She can go to the bathroom independently. Her husband has to cut her toenails.

Mobility: Ms. Farris states that she uses her wheelchair approximately 25% of the time inside the house and approximately 50% of the time outside the house for mobility. She uses a walker approximately 75% of the time inside her house and 50% of the time outside the house depending on the distance. She would like to have an electric scooter for long distance mobility.

Falls: Ms. Farris states that she has fallen twice in the last 12 months, once while using her walker and the other when transferring. She states that for the most part, she can perform a level transfer independently, however requires some assistance with complex transfers.

Musculoskeletal: Ms. Farris complains of left shoulder pain when using her walker and pushing her wheelchair. She states that she had some problems with left shoulder pain premorbidly. She states that she her most recent shoulder injection was performed early in 2016.

PHYSICAL EXAMINATION:

In general, the patient is a well-developed, well nourished, pleasant, cooperative female.

Head: NC/AT.

HENT: Pupils are equally round. Extraocular movements are intact. Ears, nose without discharge. Pharynx clear.

Cervical flexion 80% of normal. Cervical extension 70% of normal. Cervical rotation to the right and left 70% of normal. Complaints of left sided neck pain on range of motion testing.

Lungs clear to auscultation.

Heart regular rate and rhythm.

Extremities: Functional range of motion of the upper and lower extremities except for right ankle dorsiflexion, negative 10 degrees and left ankle dorsiflexion 0 degrees. Complaints of bilateral shoulder pain, left greater than right, with range of motion testing and impingement maneuver.

No significant atrophy noted.

Skin: Multiple abrasions right shin region. Pictures were taken. Left medial heal ulcer stage 3. Pictures taken. Well healed mid abdominal surgical scar.

Abdomen: Reducible ventral hernia, which is nontender to palpation.

Palpation: Tenderness to palpation left upper trapezius and lower paracervical spinal musculature as well as central lumber spine. Tenderness to palpation left rotator cuff region and bicipital tendon. Positive Tinel's left ulnar groove.

Mild Dupuytren's contractures bilateral hands.

Spine: Unable to touch the feet in the seated position. Able to reach the ankles bilaterally. Complaints of low back pain on range of motion testing.

Neurologic: Alert and oriented. Cranial nerves 2-12 intact. Emotional lability noted. Manual muscle testing 3+/5 motor strength bilateral upper extremities with normal tone and isolated movement. Hip flexors 3+/5 bilaterally. Hip extensors 3+/5 bilaterally. Knee extensors 3/5 bilaterally. Knee flexors 3/5 bilaterally. Foot dorsiflexors and plantar flexors 0/5 bilaterally.

Sensation: Severely impaired below the knees bilaterally to temperature and light touch. Absent position sense in the toes and ankles bilaterally. Positive Phalen's maneuver bilaterally. Decreased sensation in the median nerve distribution bilateral hands.

No evidence for spasticity or hyperreflexia.

Sit to stand is possible only with upper extremity support and use of a walker.

Gait: Steppage gait with impaired balance. Unable to tandem. Unable to ambulate on toes or heels. Severe instability without use of a walker, requiring direct physical contact.

Pictures and short video clips were taken of positive physical findings.

RECORD REVIEW SUMMARY:

Date:	Provider:	Notes:
DISCHARGE SUMMARIES		
ADMIT: 07/18/16 D/C: 07/25/16	Elizabeth Hamilton, MD St. Rose Dominican Hospitals (SRDH)	**DISCHARGE SUMMARY** HPI: 53 y.o. female admitted on 07/18/16 for colostomy takedown. DIAGNOSIS: 1. Colostomy s/p exploratory laparotomy, right hemicolectomy, ileocolic anastomosis, repair of incomplete hernia with biologic mesh, and additional small bowel resection. S/p colostomy takedown. 2. Abdominal pain. 3. Acute diarrhea. 4. Acute kidney injury. 5. Dehydration. 6. Hyponatremia. 7. Diabetes type 2. 8. Morbid obesity. 9. Major depressive disorder. 10. GERD.
ADMIT: 07/05/15 D/C: 08/11/15	Wendy Mojica, DO SRDH	**DISCHARGE SUMMARY** DIAGNOSIS: 1. Sepsis. 2. Abdominal pain. 3. Atrial flutter. 4. Diabetes.
OPERATIVE REPORTS		
07/18/16	Elizabeth Hamilton, MD SRDH	**OPERATIVE REPORT** POST-OP DIAGNOSIS: 1. Colostomy with request for takedown. 2. Obesity. 3. Diabetes. 4. Neuropathy from prolonged immobilization. 5. Previous colon injury. 6. Incisional hernia. PROCEDURE: 1. Exploratory laparotomy. 2. Completion right hemicolectomy with ileocolic anastomosis. 3. Additional small bowel obstruction.

		4. Repair of incisional hernia with biologic mesh.
07/16/16	Elizabeth Hamilton, MD SRDH	**OPERATIVE REPORT** POST-OP DIAGNOSIS: 1. Perforated viscus with free intra-abdominal air. 2. Sepsis. 3. Respiratory failure. 4. Anasarca. 5. Fever. 6. Leukocytosis. 7. Recent incisional hernia repair with prosthetic mesh. 8. Previous incisional hernia repair with prosthetic mesh. 9. Overweight. PROCEDURE: 1. Exploratory laparotomy. 2. Removal of prosthetic mesh and washout of abdomen. 3. Partial colectomy and right ascending colon end ileostomy. 4. Extensive lysis of adhesions over 30 minutes. 5. Retention suture placement. 6. Decompression of the stool from the right colon into the ostomy. 7. Fecal disimpaction of the rectum.
07/31/15	SRDH	**ANESTHESIA DOCUMENTATION** Pre-Sedation Assessment.
07/14/15	Ashraf Osman, MD SRDH	**OPERATIVE REPORT** POST-OP DIAGNOSIS: Failure to wean from the ventilator. PROCEDURE: 1. Placement of percutaneous tracheostomy tube, tracheostomy Shiley size 8. 2. Flexible bronchoscopy. 3. Percutaneous endoscopic gastrostomy tube placement.
07/03/15	Barry Rives, MD SRDH	**OPERATIVE REPORT** POST-OP DIAGNOSIS: Incarcerated incisional hernia. PROCEDURE: 1. Laparoscopic reduction and repair of incarcerated incisional hernia with mesh. 2. Colonography x2.
07/31/15	Kok Tan, MD	**OPERATIVE REPORT**

	SRDH	POST-OP DIAGNOSIS: Abscess paracolic. PROCEDURE: CT-guided abscess drain.
07/30/15	Matthew Ripplinger, MD SRDH	**OPERATIVE REPORT** POST-OP DIAGNOSIS: Abdominal abscesses. PROCEDURE: CT-guided abscess drain placement.
07/16/15	Elizabeth Hamilton, MD SRDH	**OPERATIVE REPORT** POST-OP DIAGNOSIS: CC, perforated viscus, sepsis, respiratory failure, anasarca, fever, leukocytosis, recent incisional hernia repair with prosthetic mesh. PROCEDURE: Excision laparoscopic partial colectomy with right end colostomy. Washout of abdomen, drain placement, extensive LOA for over 30 min, retention suture placement, removal of prosthetic mesh. Additional procedure: decompressed stool and contrast from right colon into ostomy and disimpaction rectum and flushed left colon.
07/14/15	Ashraf Osman, MD SRDH	**OPERATIVE REPORT** POST-OP DIAGNOSIS: Failure to wean. PROCEDURE: Percutaneous tracheostomy, flexible bronchoscopy.
07/04/15	Yann-Bor Lin, MD SRDH	**PROCEDURE REPORT** POST-OP DIAGNOSIS: Acute respiratory failure. PROCEDURE: Intubation.
07/03/15	Barry Rives, MD SRDH	**OPERATIVE REPORT** POST-OP DIAGNOSIS: Incarcerated incisional hernia. PROCEDURE: Laparoscopic reduction and repair of incarcerated incisional hernia with mesh and colonography x2.
08/07/14	Barry Rives, MD SRDH	**OPERATIVE REPORT** POST-OP DIAGNOSIS: 1. Abdominal wall lipoma. 2. Incarcerated ventral hernia. PROCEDURE: 1. Excision of abdominal wall lipoma/mass. 2. Repair of incarcerated ventral hernia with mesh.

CONSULTATIONS, HISTORY & PHYSICALS AND ED REPORTS		
07/18/16	Elizabeth Hamilton, MD SRDH	**H&P** CC: Colostomy takedown. HPI: Laparoscopic recurrent incisional hernia. Her operation was complicated by a colonic injury, which subsequently leaked. Several weeks after her original operation she had evidence of sepsis and need for urgent surgery. She had a partial right and transverse colectomy. She had a long Hartmann's pouch left at the ascending colon just distal to the cecum, was brought up as an ostomy and the abdomen was washed out.
07/31/15	Tanveer Akbar, MD SRDH	**H&P** Handwritten notes.
07/13/15	Ashraf Osman, MD SRDH	**CONSULT** REASON: Respiratory failure for evaluation for tracheostomy. ASSESSMENT: This is a 52 y.o. female patient who has been on a ventilator for about eight days; which seems to be that she is not going to be able to be extubated soon. The ICU team asked me for placement of tracheostomy and I do agree with that.
07/09/15	Gregg Ripplinger, MD SRDH	**CONSULT** REASON: Second general surgical opinion. IMPRESSION: Obese female who is s/p repair of an incisional hernia with placement of mesh, who is on a ventilator with an elected white blood cell count. I think there is a reason to be concerned for possible leak from one of the two colon repairs or an early aggressive infection of the mesh.
07/09/15	Gregg Ripplinger, MD SRDH	**CONSULT** IMPRESSION: Re: second general surgical opinion. RECOMMENDATION: CT abdomen and pelvis with IV, oral and rectal contrast.
07/05/15	Arvin Gupta, MD SRDH	**CONSULT** REASON: Acute kidney failure. PLAN:

		1. Acute kidney failure. 2. Anemia. 3. Hyperkalemia. 4. Tachycardia/hypoxia. 5. Lactic acidosis.
07/04/15	Syed Zaidi, MD SRDH	**CARDIOLOGY CONSULT** REASON: Tachycardia, possible atrial flutter. ASSESSMENT: 1. Tachycardia, likely flutter vs. atrial tachycardia vs. sinus tachycardia. 2. Acidosis. 3. S/p hernia surgery for incarcerated hernia. 4. Metabolic abnormalities.
07/04/15	Farooq Shaikh, MD SRDH	**INFECTIOUS DISEASE CONSULT** REASON: Fecal peritonitis, low-grade fever, leukocytosis, persistent intra-abdominal infection or sepsis. ASSESSMENT/PLAN: 1. A 52-year-old female, status post reduction of incarcerated incisional hernia, operative nick to the colon and repair, now with post-op abdominal pain, distention, sepsis, leukocytosis, and fever. This could represent fecal peritonitis. 2. The patient is developing acute renal insufficiency, uncontrolled hyperglycemia. In this patient, from Infectious Diseases, I would recommend: a. modify antibiotics to intravenous meropenem 1 g q.12 h. This would cover gram negatives as well as enterococcus species. b. intravenous Flagyl to continue. c. I would add intravenous Diflucan 200 mg once daily. We will discontinue intravenous cefepime and vancomycin. d. The patient should have an abdominal imaging as a CT scan of the abdomen in the next 2-3 days if she clinically does not improve. Surgical follow-up, wound care rehabilitation, follow up need of NG tube.
07/04/15	Kenneth Mooney, MD SRDH	**CONSULT** REASON: S/p incarcerated incisional hernia repair.
07/04/15	Tanveer Akbar, MD SRDH	**CONSULT** CC: Laparoscopic reduction and repair of incarcerated incisional hernia with mesh.

		ASSESSMENT: 1. Laparoscopic reduction and repair of incarcerated incisional hernia with mesh and colonography x2. 2. Previous excision of lipomatous mass and repair of incarcerated ventral hernia with mesh. 3. Hypertension. 4. Diabetes mellitus type 2. 5. Depression.
07/03/15	Barry Rives, MD SRDH	**CONSULT** Same as above.
06/23/15	Barry Rives, MD SRDH	**H&P** CC: F/u on CT results. ASSESSMENT: Incarcerated incisional hernia.
04/30/15	Barry Rives, MD SRDH	**H&P** CC: PCP told patient she had a hematoma. ASSESSMENT: Ventral hernia.
07/31/14	Barry Rives, MD SRDH	**H&P** CC: Lipoma removal. ASSESSMENT: Lipoma of skin and subcutaneous tissue.
CT SCANS		
03/21/16	Steinberg Diagnostic/ Southern Nevada Surgery Specialists	**CT ABD/PEL WITH CONTRAST** IMPRESSION: 1. Interval partial colectomy with creation of an end colostomy in the right mid abdomen. There is a persistent right ventral abdominal wall hernia containing omental fat and a loop of small bowel. No bowel obstruction or inflammation. 2. Unremarkable pelvic CT.
06/12/15	Steinberg Diagnostic Medical Imaging Centers	**CT ABD/PEL WITH CONTRAST** IMPRESSION: 1. Weakening/hernia of the right paracentral anterior abdomen with the opening measuring 5.7 cm and the herniated portion measuring 7.7 x 0.9 cm. Contains large bowel; no evidence of obstruction. 2. Unremarkable pelvic CT.

08/07/15	SRDH	**CT ABD/PEL W/O CONTRAST** IMPRESSION: 1. No fluid surrounding the drainage catheter in the epigastric region immediately below the left lobe of the liver. 2. Significant decrease in the fluid collection surrounding the drainage catheter near the ostomy in the right lower quadrant. Small 2.7 x 2.2 cm fluid collection is noted. 3. No new fluid collections in the abdomen or pelvis. 4. Small specks of contrast leaking from the colon up to the anterior abdominal wall wound suggesting a fistulous communication.
08/05/15	SRDH	**CT SOFT TISSUE NECK W/O CONTRAST** IMPRESSION: Unremarkable CT of the neck.
07/31/15	SRDH	**CT-GUIDED CATH PERC DRAINAGE WITH CATH PLACEMENT** CONCLUSION: Successful abscess drainage catheter placed under CT-guidance.
07/30/15	SRDH	**CT-GUIDED CATH PERC DRAINAGE WITH CATH PLACEMENT** IMPRESSION: 1. 8-French pigtail drain placement in the epigastric abscess. 2. Patient could not tolerate further time on the table to enable drain placement in the other locations I had planned (dominant right lateral abdominal abscess inferolateral to the colostomy bag, as well as the right abdominal wall abscess). 3. Please note there is also perihepatic fluid, likely abscess, as well as deep in the pelvis; these should be monitored and could be drained also in the future if they do not resolve other drain placements.
07/29/15	SRDH	**CT ABD/PEL WITH CONTRAST** IMPRESSION: 1. Perihepatic fluid collection extending along the paracolic gutter into the abdomen. The fluid is very thin in the perihepatic region. However, in the paracolic gutter it measures about 6.2 x 6.3 cm and is at the level of ostomy. The fluid pocket anterior to the liver is likely in communication with the cranial aspect of the abdominal wall incision.

		2. A second irregular pocket of fluid in the pelvis along the dome of the bladder.
07/15/15	SRDH	**CT ABD/PEL W/O CONTRAST** IMPRESSION: 1. Pneumoperitoneum with free fluid in the abdomen predominantly in the right perihepatic and sub-phrenic space. 2. Large air-fluid level in the supraumbilical mid abdomen; not entirely clear if this is a dilated loop of bowel vs. a peritoneal collection of air fluid level. 3. Ventral hernia containing large pocket of air due to gas-filled bowel loop vs. extraluminal gas. 4. Subcutaneous air/fluid along the right lateral abdominal wall.
07/09/15	SRDH	**CT ABD/PEL WITH CONTRAST** IMPRESSION: 1. Small amount of abdominal ascites. 2. There is a right supraumbilical parasagittal ventral hernia. Hernia sac contains fluid and free air. Component of free air has decreased. 3. There is no extravasation of oral contrast from the bowel. 4. Small right and trace left pleural effusions with bibasilar atelectasis. 5. Anasarca.
07/05/15	SRDH	**CTA CHEST & CT ABD/PEL WITH CONTRAST** IMPRESSION: 1. No central pulmonary embolism. Respiratory motion limits evaluation of the segmental and subsegmental vessels. 2. Small right pleural effusion. Bilateral areas of consolidation in the lungs bilaterally likely representing atelectasis. Pneumonia is not excluded. 3. Recent repair of incisional hernia. A small hernia remains over the anterior abdomen and contains free air and free fluid. 4. Small amount of free fluid in the abdomen with no drainable fluid collection identified.

RADIOLOGY		
07/04/15 To 09/14/15	SRDH	**GENERAL RADIOLOGY** 07/04/15 – Treadmill/Echocardiogram 07/04/15 – PICC Line Placement 07/22/15 – U/S Chest 07/04/15 –Lower Extremities Venous Duplex U/S 08/11/15 – Chest 08/02/15 – Chest 07/27/15 – Chest 07/22/15 – Chest 07/20/15 – Chest 07/19/15 – Chest 07/15/15 – Chest 07/14/15 – Chest 07/13/15 – Abdomen 07/12/15 – Abdomen 07/12/15 – Chest 07/11/15 – Chest 07/10/15 – Chest 07/09/15 – Abdomen 07/08/15 (2) – Chest 07/07/15 – Chest 07/06/15 – Chest 07/04/15 – Chest 07/04/15 – Abdomen 07/04/15 – Chest 09/14/15 – EMG & NCV
PATHOLOGY		
07/17/15 & 07/16/16	Various	**SURGICAL PATHOLOGY REPORTS** 07/17/15 – Old prosthetic abdominal mesh. Transverse colon.; SRDH 07/16/15 - Old prosthetic abdominal mesh. Transverse colon; Associated Pathologists Chartered
PROGRESS NOTES		
08/01/16 To 09/11/15	Southern Nevada Surgery Specialists	**OUTPATIENT REPORTS** 08/01/16 - Post-op colon perforation 07/01/16 – One-month f/u 08/01/16 – Post-op colon perforation 07/01/16 – One-month f/u 05/13/16 – F/u 04/22/16 – Two-month f/u 02/12/16 – F/u

		11/06/15 – F/u 09/11/15 – F/u
REHABILITATION THERAPY NOTES		
08/14/15 To 07/28/15	SRDH	**REHAB THERAPY NOTES** 08/14/15 – PT D/C Summary 08/12/15 – OT D/C Summary 08/11/15 – PT 08/10/15 – PT 08/09/15 - PT 08/08/15 - PT 08/06/15 - PT 08/05/15 - PT 08/04/15 - PT 08/03/15 - PT 08/02/15 - PT 08/01/15 - PT 07/30/15 - PT 07/29/15 - PT 07/28/15 (2) - PT
07/27/15 To 08/04/15	SRDH	**PHYSICAL THERAPY DAILY NOTES** 07/27/15 07/26/15 07/24/15 07/21/15 07/19/15 07/18/15 07/16/15 08/11/15 08/10/15 08/09/15 08/08/15 08/06/15 08/05/15 08/04/15
08/03/15 To 07/16/15	SRDH	**PHYSICAL THERAPY DAILY NOTES** 08/03/15 08/02/15 07/30/15 07/29/15 07/28/15 (2) 07/27/15 07/26/15 07/24/15

		07/23/15 07/19/15 07/18/15 07/17/15 08/08/15 08/01/15 – Weekly Summary 07/21/15 – Weekly Summary 07/16/15 – Initial Evaluation
07/16/15 To 08/10/15	SRDH	**SPEECH THERAPY DAILY NOTES** 08/07/15 08/06/15 08/05/15 08/04/15 08/03/15 07/31/15 07/30/15 07/29/15 07/28/15 07/27/15 07/18/15 07/17/15 07/16/15 08/01/15 – Swallow Evaluation 07/25/15 – Trach/Speaking Valve Evaluation 08/10/15 – D/C Summary
07/16/15 To 08/10/15	SRDH	**OCCUPATIONAL THERAPY DAILY NOTES** 08/09/15 08/07/15 (2) 08/05/15 07/31/15 08/11/15 08/10/15 08/09/15 08/07/15 08/05/15 08/04/15 08/03/15 (2) 08/01/15 07/19/15 07/18/15 07/17/15 07/16/15 07/31/15 – Initial Evaluation 08/07/15 – Weekly Summary

05/27/16 To 11/12/15	Desert Valley Therapy	**PHYSICAL THERAPY PROGRESS NOTES** 05/27/16 04/20/16 04/15/16 03/21/16 03/17/16 03/14/16 03/07/16 02/25/16 02/22/16 02/18/16 02/16/16 02/10/16 02/08/16 02/09/16 01/28/16 01/26/16 01/21/16 01/14/16 01/11/16 12/03/15 12/01/15 11/18/15 11/12/15 04/20/16 04/15/16 03/07/16 02/09/16
07/05/15	SRDH	**PHOTOS** Scanned photos.
PROGRESS NOTES		
08/10/15 & 08/11/15	SRDH	**PROGRESS NOTES** 08/11/15 – Surgical 08/11/15 – Labs 08/11/15 – Renal 08/10/15 – Surgical 08/10/15 – Renal 08/10/15 - Surgical
08/10/15 & 08/09/15	SRDH	**PROGRESS NOTES** 08/10/15 – Labs 08/09/15 – Renal 08/09/15 – Nausea

		08/09/15 – Labs 08/09/15 – Fluid collection
08/08/15	SRDH	**PROGRESS NOTES** Labs Critical Care Surgery Surgical Renal
08/07/15	SRDH	**PROGRESS NOTES** Renal surgery post-op Labs Critical Care Surgical
08/06/15	SRDH	**PROGRESS NOTES** Critical Care Labs Renal surgery post-op Renal
08/06/15 & 08/05/15	SRDH	**PROGRESS NOTES** 08/06/15 – Surgical 08/05/15 – Renal surgery post-op 08/05/15 – Critical Care 08/05/15 – Renal 08/05/15 - Labs
08/05/15 & 08/04/15	SRDH	**PROGRESS NOTES** 08/05/15 – Surgical 08/04/15 – Critical Care 08/04/15 – Labs 08/04/15 – Surgical 08/04/15 – Renal 08/04/15 - Surgery
08/04/15 To 08/02/15	SRDH	**PROGRESS NOTES** 08/04/15 – Critical Care 08/03/15 – Renal surgery post-op 08/03/15 – Labs 08/03/15 – Surgical 08/03/15 – Renal 08/02/15 - Labs
08/02/15 &	SRDH	**PROGRESS NOTES**

08/01/15		08/02/15 – Critical Care 08/02/15 – Renal 08/02/15 – Renal surgery post-op 08/02/15 – SOAP 08/01/15 – S/p drainage 08/01/15 - Labs
08/01/15 & 07/31/15	SRDH	**PROGRESS NOTES** 08/01/15 – Renal 08/01/15 – Renal surgery post-op 08/01/15 – Critical Care 07/31/15 – Labs 07/31/15 – Renal surgery post-op
07/31/15 & 07/30/15	SRDH	**PROGRESS NOTES** 07/31/15 – SOAP 07/31/15 – Critical Care 07/31/15 – Renal 07/30/15 – Renal surgery post-op 07/30/15 – Surgical 07/30/15 – Critical Care 07/30/15 – NG tube
07/30/15 & 07/29/15	SRDH	**PROGRESS NOTES** 07/30/15 – Renal 07/29/15 – Perihepatic fluid collection 07/29/15 – Renal surgery post-op 07/29/15 – Dyspneic 07/29/15 - Surgical
07/29/15 To 07/27/15	SRDH	**PROGRESS NOTES** 07/29/15 – Renal 07/28/15 – Low grade fever 07/28/15 – Critical Care 07/28/15 – Surgical 07/28/15 – Renal 07/27/15 – Renal surgery post-op 07/27/15 – Surgical
07/27/15 & 07/26/15	SRDH	**PROGRESS NOTES** 07/27/15 – Critical Care 07/27/15 – Renal 07/26/15 – SOAP 07/26/15 – Edema
07/26/15 &	SRDH	**PROGRESS NOTES**

07/25/15		07/26/15 – Slight uptick in wbc 07/26/15 – Critical Care 07/26/15 – Renal surgery post-op 07/25/15 – Renal
07/25/15	SRDH	**PROGRESS NOTES** SOAP Renal surgery post-op Critical Care
07/25/15 & 07/24/15	SRDH	**PROGRESS NOTES** 07/25/15 – Surgical 07/24/15 – Renal Surgery post-op 07/24/15 – Critical Care 07/24/15 – HCP Cardiology
07/24/15 & 07/23/15	SRDH	**PROGRESS NOTES** 07/24/15 – SOAP 07/24/15 – Renal 07/23/15 – SOAP 07/23/15 – Renal surgery post-op
07/23/15 & 07/22/15	SRDH	**PROGRESS NOTES** 07/23/15 – Respiratory failure post-op 07/23/15 – Critical Care 07/23/15 – Renal 07/22/15 – Surgical 07/22/15 – IM Cross Cover PN
07/22/15 & 07/21/15	SRDH	**PROGRESS NOTES** 07/22/15 – Critical Care 07/22/15 – Renal surgery post-op 07/22/15 – Renal 07/21/15 – Renal surgery post-op 07/21/15 - SOAP
07/21/15 & 07/20/15	SRDH	**PROGRESS NOTES** 07/21/15 – IM Cross Cover PN 07/21/15 – Renal 07/21/15 – Critical Care 07/20/15 – Renal surgery post-op 07/20/15 – SOAP 07/20/15 – Atrial flutter
07/20/15 & 07/19/15	SRDH	**PROGRESS NOTES** 07/20/15 – Critical Care

		07/20/15 – Renal 07/19/15 – Atrial flutter 07/19/15 – Renal surgery post-op 07/19/15 – Renal 07/19/15 – SOAP 07/19/15 – Critical Care
07/18/15	SRDH	**PROGRESS NOTES** PN SOAP Critical Care Surgery post-op Renal Critical Care PN
07/17/15 & 07/16/15	SRDH	**PROGRESS NOTES** 07/17/15 – Critical Care 07/17/15 – Surgery post-op 07/17/15 – Renal 07/16/15 – SOAP 07/16/15 – Critical Care 07/16/15 - PN
07/16/15 & 07/15/15	SRDH	**PROGRESS NOTES** 07/16/15 – SOAP 07/16/15 – Critical Care 07/16/15 – PN 07/16/15 – Critical Care 07/16/15 – Renal 07/15/15 – PN 07/15/15 – Critical Care
07/15/15	SRDH	**PROGRESS NOTES** PN SOAP Med/Surgical Short PN Critical Care PN
07/14/15	SRDH	**PROGRESS NOTES** SOAP Cardiology Critical Care Med/Surgical Short PN PN

07/13/15	SRDH	**PROGRESS NOTES** PN Critical Care Med/Surgical Short PN Critical Care (2)
07/13/15	SRDH	**PROGRESS NOTES** SOAP Critical Care PN
07/12/15	SRDH	**PROGRESS NOTES** SOAP Med/Surgical Short PN Critical Care PN
07/12/15	SRDH	**PROGRESS NOTES** 07/12/15 – Acute renal insufficiency 07/11/15 – Same as above 07/11/15 - Med/Surgical Short PN 07/11/15 - SOAP
07/11/15 & 07/10/15	SRDH	**PROGRESS NOTES** 07/11/15 – Critical Care 07/11/15 – Renal 07/10/15 – Cardiology 07/10/15 - Med/Surgical Short PN 07/10/15 – SOAP 07/10/15 - PN
07/10/15 & 07/09/15	SRDH	**PROGRESS NOTES** 07/10/15 – Critical Care 07/10/15 – Renal 07/09/15 – Cardiology 07/09/15 – PN 07/09/15 - Med/Surgical Short PN
07/09/15	SRDH	**PROGRESS NOTES** SOAP Critical Care PN
07/08/15	SRDH	**PROGRESS NOTES** Med/Surgical Short PN

		PN PN – S/p reduction of incarcerated incisional hernia Critical Care
07/08/15 & 07/07/15	SRDH	**PROGRESS NOTES** 07/08/15 – SOAP 07/08/15 – Renal 07/07/15 – Acute renal insufficiency 07/07/15 – PN 07/07/15 – Tachycardia 07/07/15 – SOAP
07/07/15 & 07/06/15	SRDH	**PROGRESS NOTES** 07/07/15 – Critical Care 07/07/15 – Renal 07/06/15 - Tachycardia
07/06/15	SRDH	**PROGRESS NOTES** PN SOAP Critical Care
07/06/15 & 07/05/15	SRDH	**PROGRESS NOTES** 07/06/15 - Med/Surgical Short PN 07/06/15 – Renal 07/05/15 – Tachycardia 07/05/15 – PN 07/05/15 - SOAP
07/16/15 To 07/05/15	SRDH	**PROGRESS NOTES** 07/05/15 - Med/Surgical Short PN 07/05/15 – Critical Care 07/04/15 – PN 07/04/15 - Med/Surgical Short PN 07/04/15 – PN 07/04/15 – Pulmonary Function Test 08/04/15 – Ostomy Note 07/29/15 – Ostomy Note 07/17/15 – Ostomy Note

Additional Records Received:

1/11/17	Steinberg Diagnostic Medical Imaging Centers	**MRI LEFT FOOT:** Impression: 1. Plantar medial heel skin ulceration. No foot abscess or osteomyelitis. 2. 1 cm in length plantar fibroma at the midfoot level, overlying the second metatarsal proximal shaft. No plantar fasciitis. 3. Mild posterior tibialis tendinosis and tenosynovitis.
6/22/16	Steinberg Diagnostic Medical Imaging Centers	**MRI LUMBAR SPINE: (corrected report)** Impression: No significant lumbar disc disease. No acquired neural impingement at any level.
6/13/14	Steinberg Diagnostic Medical Imaging Centers	**MRI LUMBAR SPINE:** Impression: Normal lumbar lordosis with mild posterior facet arthropathy at L4-L5 and L5-S1. No significant canal stenosis or neural foraminal narrowing is seen.
1/11/17-6/13/14	Steinberg Diagnostic Medical Imaging Centers	**RADIOLOGY:** 1/11/17: Lower Extremity Arterial Doppler 9/16/15: Chest Radiograph 6/13/14: Bilateral Digital Screening Mammogram

PROBLEM LIST:

1. Perforated viscus with intraabdominal sepsis status post exploratory laparotomy and removal of prosthetic mesh
2. Acute respiratory failure status post tracheostomy placement
3. History of incarcerated incisional hernia status post laparoscopic repair with mesh and colonorrhaphy x 2
4. Encephalopathy secondary to sepsis and medications
5. Acute blood loss anemia
6. Acute kidney injury
7. Neuropathy from prolonged immobilization
8. Residual:
    a. Severe sensory loss and motor weakness below the knees bilaterally involving the tibial and peroneal nerves
    b. Probable carpal tunnel syndrome bilaterally
    c. Probable rotator cuff tear/tendinitis left shoulder
    d. Right ankle contracture with bilateral foot drop
    e. Left heal stage III decubitus
    f. Ventral hernia
    g. Dupuytren's contracture bilateral hands
    h. Weight gain
    i. Situational depression and anxiety
    j. Sleep disturbance
    k. Chronic neuropathic musculoskeletal myofascial pain
    l. High fall risk
    m. Impaired mobility and ADL status
    n. Impaired avocational status

Past Medical History of:

o. Diabetes mellitus

p. Left shoulder pain

q. GERD

r. Hypertension

s. Dyslipidemia

DISCUSSION:

Ms. Titina Marie Farris is a 55-year-old married female with history of perforated viscus with intra-abdominal sepsis with numerous sequelae who was seen at Kentfield Rehabilitation & Specialty Hospital on 3/20/2018 at which time a history was obtained and a physical examination was performed.

Ms. Farris' residual complaints and symptoms included severe motor and sensory loss below the knees bilaterally with very significant gait impairment. She was also noted to have a reducible ventral hernia along with bilateral hand Dupuytren's contractures involving both of her hands. She also had probable carpal tunnel syndrome bilaterally, as well as probable rotator cuff tendinitis on the left. She had a chronic left heel stage 3 decubitus which was being treated with local dressing changes. Ms. Farris also complained of chronic neuropathic and musculoskeletal pain involving her low back and bilateral lower extremities. As a result of her chronic pain as well as functional loss, she complained of situational depression, anxiety as well as sleep disturbance. Ms. Farris was no longer able to perform her usual and customary activities of daily living as well as avocational activities as discussed above.

As a result of Ms. Farris' injuries, she should be followed by a Physical Medicine & Rehabilitation specialist in addition to her Primary Care Physician as well as a Podiatrist for nail and wound care. It is also anticipated that she will require the services of Orthopedics, Hand Surgery as well as Psychology/Psychiatry in the future. In view of her relative immobility, weight gain as well as premorbid history of diabetes, she should be followed by a dietician. It is anticipated that Ms. Farris will require intermittent Physical and Occupational Therapy throughout her lifetime. She should be provided with massage therapy and acupuncture therapy for her chronic pain. She should attend a wound clinic for her heel ulcer. She is an excellent candidate for an adaptive aquatic swim therapy program performed under direct supervision by a Physical Therapist or PT Aid when her wounds have healed.

It is anticipated that Ms. Farris will require carpal tunnel surgery in the future along with joint and trigger point injections for pain management. An MRI needs to be performed of her left shoulder to evaluate the degree of rotator cuff pathology. Electrodiagnostic studies should be performed of her upper and lower extremities to further delineate the degree of neuropathy in view of her ongoing neurological complaints.

Ms. Farris is an excellent candidate for an electric wheelchair for community distance mobility. She should be provided with bilateral custom AFO's for her bilateral foot drop as well as ankle contractures. She should also be provided with heel protector boots for night use in view of her heel pressure ulcer and neurological compromise to both of her feet.

Additional assistive devices should be provided such as a single point cane as well as a 4-wheeled walker with a seat and a reacher along with bathroom supplies. An abdominal binder should be provided for her ventral hernia.

Currently Ms. Farris requires approximately 4-6 hours of attendant/chore services per day. These needs will probably increase as she ages with her injuries.

Appropriate physical restrictions are as follows:

- No climbing
- No higher balance activities
- No repetitive bending or twisting
- No repetitive pushing, pulling or reaching
- No repetitive use of the bilateral upper extremities
- No crawling or kneeling
- No lifting over 3 lbs
- Frequent change in position
- Ability to stretch every 30 minutes
- No standing without supervision
- No walking without supervision

It is anticipated that Ms. Farris will require a fully wheelchair accessible home in 5-10 years.

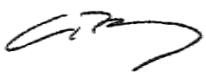
With appropriate medical as well as therapeutic care, it is not anticipated that the injuries Ms. Farris sustained in the above matter will shorten her overall life expectancy.

For a comprehensive list of future care needs, please see the Life Care Planning Worksheet.

All medical legal opinions are expressed with a reasonable degree of medical probability and are based on my education, training, experience as well as my examination of Titina Marie Farris and my extensive review of supplied records.

Thank you for this interesting referral and the opportunity to have evaluated Titina Marie Farris from a Physical Medicine and Rehabilitation/Life Care Planning perspective.

Respectfully submitted,



Alex Barchuk, M.D.
Board Certified in Physical Medicine & Rehabilitation
Physician Certified in Wound Care
Certified Life Care Planner

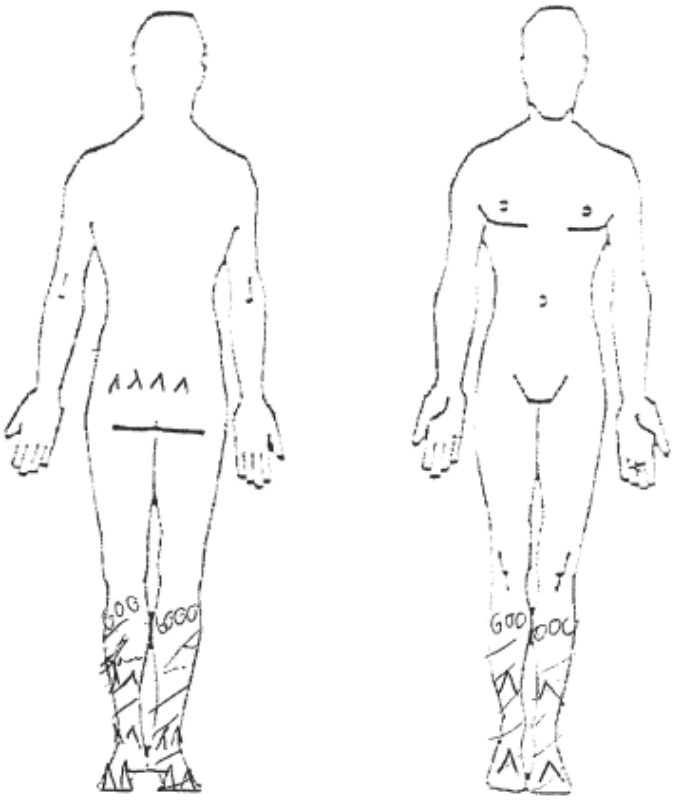
Telephone: 415-485-3508
Fax: 415-796-0777

AB:llm

Mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Include all the affected areas. Just to complete the picture, please draw in your face.

Numbness ------ Pins & Needles 00000 Burning XXXXXXX

Stabbing ////// Ache ^^^^



LIFE CARE PLAN WORKSHEET

By: Dr. Alex Barchuk

Name:	Titina Farris	**Referred By**:	George Hand, Esq.
DOB:	10/24/1962	**Life Care Planner:**	
DOI:	7/3/2015	**Plaintiff/Defense:**	Plaintiff
DOE:	3/20/2018	**Diagnosis**:	
LOE:	Kentfield Rehabilitation & Specialty Hospital	**First Contacted:**	12/27/2017
		Reviewed:	

Present at Exam: Husband (drove)

PROBLEM LIST:

1. Perforated viscus with intraabdominal sepsis status post exploratory laparotomy and removal of prosthetic mesh
2. Acute respiratory failure status post tracheostomy placement
3. History of incarcerated incisional hernia status post laparoscopic repair with mesh and colonorrhaphy x 2
4. Encephalopathy secondary to sepsis and medications
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8. Residual:
    a. Severe sensory loss and motor weakness below the knees bilaterally involving the tibial and peroneal nerves
    b. Probable carpal tunnel syndrome bilaterally
    c. Probable rotator cuff tear/tendinitis left shoulder
    d. Right ankle contracture with bilateral foot drop
    e. Left heal stage III decubitus
    f. Ventral hernia
    g. Dupuytren's contracture bilateral hands

h. Weight gain

i. Situational depression and anxiety

j. Sleep disturbance

k. Chronic neuropathic musculoskeletal myofascial pain

l. High fall risk

m. Impaired mobility and ADL status

n. Impaired avocational status

Past Medical History of:

o. Diabetes mellitus

p. Left shoulder pain

q. GERD

r. Hypertension

s. Dyslipidemia

MEDICAL FOLLOW UP:

1.	PM&R/Pain Specialist:	4 times per year
2.	Internal Medicine/ Primary Care:	2-4 times per year additional
3.	Orthopedics:	5-10 in lifetime
4.	Plastic/Hand Surgery:	5-10 in lifetime
5.	Psychologist/Psychiatrist:	1 session per month for 3-6 months, then 0-8 times per year
6.	Podiatry:	6-12 times per year for 1 year, then 4-6 times per year
7.	Dietician:	1 time per year

MEDICATIONS: See list of current medications

THERAPIES:

1. Physical Therapy:	12-24 times per year for 1-2 years, then 6-12 times per year on average
2. Occupational Therapy:	0-6 times per year
3. Pool Program:	3 times per week when wound healed, or in 6 months
4. Massage Therapy:	6-12 times year
5. Acupuncture Therapy:	2 times per month
6. Wound Clinic:	2 times per week for 3-6 months, then 0-8 times per year

EMERGENCY ROOM VISITS:

0-1 times per year

PROCEDURES:

1. Carpal Tunnel Release:	1-2 in lifetime
2. Joint Injections/ Trigger Point Injections:	4-8 in lifetime
3. Arthroscopies:	0-1 in lifetime left glenohumeral joint (needs MRI)
4. X-rays:	0-2 per year of the spine or shoulders or feet
5. MRI:	Now left shoulder, then 1-3 in lifetime of the spine or shoulders or feet

6. EMG:	1-3 in lifetime of the bilateral upper extremities and bilateral lower extremities
7. US/Doppler Bilateral LE's:	0-2 in lifetime

EQUIPMENT:

1. Electric Wheelchair or Scooter:	Now
2. Manual Wheelchair:	Now
3. Wheelchair Cushion:	Now
4. Sliding Board:	In 5-10 years
5. Hoyer Lift:	Last 1-3 years of life
6. Reacher:	Now
7. Tempurpedic/Sleep Number/Adjustable Bed:	Now
8. Bilateral Custom AFO Orthotics:	Now – bilateral heel protector boots for night use now
9. Bathroom Supplies:	Now - shower hose, shower bench, grab bars
10. Single Point Cane:	Now
11. 4-Wheeled Walker w Seat:	Now
12. Abdominal Binder:	Now (2 pairs)

ATTENDANT/CHORE SERVICES NEEDS:	4-6 hours per day now
	Increase to 6-8 hours per day in 5-10 years
	Increase to 8-12 hours per day in 10-15 years
	Increase to 12-24 hours per day in 15-20 years

HOME MAINTENANCE: 2-4 hours per month

CASE MANAGEMENT: 4-8 hours per year

PHYSICAL RESTRICTIONS:

- No climbing
- No higher balance activities
- No repetitive bending or twisting
- No repetitive pushing, pulling or reaching
- No repetitive use of the bilateral upper extremities
- No crawling or kneeling
- No lifting over 3 lbs
- Frequent change in position
- Ability to stretch every 30 minutes
- No standing without supervision
- No walking without supervision

HOME MODIFICATIONS: Wheelchair accessible home in 5-10 years

LIFE EXPECTANCY: Normal

ALEX BARCHUK, M.D., C.L.C.P.

Kentfield Rehabilitation & Specialty Hospital
1125 Sir Francis Drake Boulevard
Kentfield, CA 94904
Phone: 415-485-3508
Fax: 415-485-3507

PROFESSIONAL EXPERIENCE

1989 – Present	Director of Spinal Cord Injury Rehabilitation Kentfield Rehabilitation & Specialty Hospital Kentfield, California
2017 - present	National Medical Director of Vibra's Ventilator Weaning Assessment Program Vibra Healthcare
2011-Present	Director of the Neurodiagnostic Ventilator Weaning Program Kentfield Rehabilitation & Specialty Hospital Kentfield, California
2012-2016	Director of Occupational Medicine Kentfield Rehabilitation & Specialty Hospital Kentfield, California
2010 – 2011	Medical Director of Acute Rehabilitation Saint Francis Memorial Hospital San Francisco, California
2003– 2010	Director of the Kentfield Rehabilitation Hospital Outpatient Department & Wound Clinic Kentfield Rehabilitation Hospital Kentfield, California
2006 – 2007	Chief of Staff Kentfield Rehabilitation Hospital Kentfield, California
2004 – Present	Vice-Chief of Staff Kentfield Rehabilitation Hospital Kentfield, California

1996 – 2007	Chairman of the Utilization Review Board Kentfield Rehabilitation Hospital Kentfield, California
1987 – 1989	Bay Area Rehabilitation Group St. Mary's Hospital San Francisco, California
1986 – 1987	Santa Clara Corrections System Clinic Physician

EDUCATION

1977 – 1981	Bachelor of Science in Biology Summa Cum Laude University of San Francisco San Francisco, California
1981 – 1985	Medical Degree Georgetown University School of Medicine Washington, DC

POST-GRADUATE TRAINING

1985 – 1986	Internal Medicine Internship St. Mary's Hospital and Medical Center San Francisco, California
1986 – 1989	Physical Medicine and Rehabilitation Residency Stanford Medical Center Palo Alto, California
1988 – 1989	Physical Medicine & Rehabilitation Chief Resident Stanford Medical Center Palo Alto, California

CERTIFICATION AND LICENSURE

Certifications:	Physician Certified in Wound Care - CMET 2010
	Certified Life Care Planner 2009 Commission on Health Care Certification
	Advanced Cardiac Life Support 2011
	Flex I, II November 1985
Licensure:	California No. A042890
Specialty Boards:	Physical Medicine and Rehabilitation No. 3179, May 1990
Others:	Fluoroscopy

HOSPITAL PRIVILEGES

Kentfield Hospital
Kentfield, California

Marin General Hospital
Greenbrae, California

Care Meridian Extended Care Facility
Fairfax, California

PROFESSIONAL AFFILIATIONS AND ACTIVITIES

1980 – Present	Alpha Sigma Nu Honors Society
1984 – Present	American Medical Association
1988 – Present	Northern California Society of Physical Medicine & Rehabilitation
1992 – Present	American Spinal Injury Association
1996 – 2007	Chairman of Utilization Review Committee Kentfield Rehabilitation Hospital
1994 – Present	Medical Reviewer CMRI/Medicare
2001—Present	Member of the Marin Stroke Advisory Committee
2012--Present	American Professional Wound Care Association
2017 – present	Implementation of the Ventilator Weaning Assessment Program at Vibra LTACH hospitals throughout the country

PRESENTATIONS

October 1986	"Myasthenia Gravis and Myasthenic Syndrome" Presented to Stanford's PM&R Faculty St. Mary's Hospital San Francisco, California
December 1986	"Myofascial Pain Syndrome" Presented to Stanford's PM&R Faculty Stanford, California
December 1987	"Multiple Sclerosis" Presented to Stanford's PM&R Faculty Stanford, California
December 1987	Resident EMG Manual
February 1988	"Multiple Sclerosis" Presented to Stanford's PM&R Faculty Stanford, California

April 1988	"Rotator Cuff Tear" Presented to Stanford's PM&R Faculty Kentfield Rehabilitation Hospital Therapy Forum Kentfield, California
June 1988	"Spasticity and Intrathecal Morphine" Presented to Stanford's PM&R Faculty Stanford, California
1989 – Present	"Spinal Cord Injury, Lifetime Needs Assessment, Acute and Chronic Management" Grand Rounds Presentation at Multiple Northern California Hospitals and Organizations, as well as Continuing Education Courses for Rehabilitation Nurses, Claims Adjustors, Expert Testimony
May 1990	"Rotator Cuff Tear" Presented to Stanford's PM&R Faculty Kentfield Rehabilitation Hospital Therapy Forum Kentfield, California
1991 – Present	"Pulmonary Rehabilitation" Ongoing Lecture Series UCSF Physical Therapy School Kentfield Rehabilitation Hospital Physical Therapy Yearly Grand Rounds at Stanford Stanford, California
1991 – Present	"Trauma Rehabilitation" Continuing Education Courses
January 8, 1992	"Parastep System" Marin General Hospital Greenbrae, California
January 27, 1992	"Sexuality and Disability" Kentfield Rehabilitation Hospital Kentfield, California
March 18, 1992	"Back Care for Pregnant Women"
April 24, 1992	"Spinal Cord Injury and Life Planning" Kentfield Rehabilitation Hospital Kentfield, California
May 30, 1992	"Spinal Cord Injury and Case Management" Northern California Case Management Society Sacramento, California

August 28, 1992	"Spinal Cord Injury-Rehabilitation Today" St. Mary's Regional Medical Center Reno, Nevada
September 17, 1992	"Sexuality after Spinal Cord Injury" Rehabilitation Week Kentfield Rehabilitation Hospital Kentfield, California
January 15, 1993	"Human Sexuality and Spinal Cord Injury" Monthly Education Series Kentfield Rehabilitation Hospital Kentfield, California
February 2, 1993	"Sexuality after Spinal Cord Injury" Marin County YMCA Marin, California
February 19, 1993	"Pulmonary Rehabilitation" UCSF Physical Therapy Course San Francisco, California
February 26, 1993	"Spinal Cord Injury" Grand Rounds Damaron Hospital Stockton, California
April 29, 1993	"Spinal Cord Injury" Rehabilitation Advisory Meeting Larkspur, California
May 5, 1993	"Spinal Cord Injury-Lifetime Planning" Take Care Insurance
August 12, 1993	"Ventilator Weaning" Novato Community Hospital Novato, California
August 18, 1993	"Pulmonary Rehabilitation" Stanford Grand Rounds Stanford, California
November 11, 1993	"Spinal Cord Injury" Community Lecture Kentfield Rehabilitation Hospital Kentfield, California

January 25, 1994	"Myofascial Pain Syndrome" In-service Kentfield Rehabilitation Hospital Kentfield, California
February 18, 1994	"Lifetime Planning and Equipment Needs of Spinal Cord Injury Patients" Rehabilitation Education Series Kentfield Rehabilitation Hospital Kentfield, California
July 29, 1994	"Assessment and Management of Spinal Cord Injury Patients" Marin Home Care Marin, California
November 18, 1994	"EMG's and Fluoroscopy" Continuing Education Series Kentfield Rehabilitation Hospital Kentfield, California
December 7, 1994	"Neurotrauma" Marin General Hospital Greenbrae, California
March 15, 1995	"Continuity of Care" Kentfield Rehabilitation Hospital Kentfield, California
May 22, 1995	"Pulmonary Rehabilitation" Highland Hospital Oakland, California
May 25, 1995	"The Role of EMG and Fluoroscopy in Spinal Cord Injury Management" Rehabilitation Advisory Group Sacramento, California
February 9, 1996	"Mending Broken Muscles" Kentfield Rehabilitation Hospital Education Series Corte Madera, California
March 6, 1996	"Spinal Cord Injury and Case Management" Case Managers San Francisco General Hospital San Francisco, California

March 28, 1996	"Spinal Cord Injury Life Care Planning" Rehabilitation Seminar Sacramento, California
May 31, 1996	"Spinal Cord Injury Life Care Planning" Workman's Compensation San Francisco, California
April 2, 1997	"Pulmonary Rehabilitation" Santa Rosa Community Grand Rounds Santa Rosa, California
April 17, 1997	"Overview of Acute Rehabilitation" San Francisco, California
September 26, 1997	"Sleep Disorders"
October 8, 1997	"Identifying Acute Rehabilitation Candidate" Summit Hospital
June 30, 1998	"Identifying the Acute Rehabilitation Patient" VA Hospital San Francisco, California
September 8, 1998	"Spinal Cord Injury" Nursing and Clinical Staff Kentfield Rehabilitation Hospital Kentfield, CA
January 13, 1999	"Medical Management of Spinal Cord Injury" Health Net Rancho Cordova, CA
May 4, 1999	"Medical Management of Spinal Cord Injury" Grand Rounds Brookside Hospital
August 25, 1999	"Spinal Cord Injury" Health Net Rancho Cordova, CA
March 29, 2000	"Spinal Cord Injury" In-Service Kentfield Rehabilitation Hospital Infection Control Committee Kentfield, California

May 30, 2000	"Spinal Cord Injury" In-Service Kentfield Rehabilitation Hospital Staff Kentfield, California
August 23, 2000	"Spinal Cord Injury Rehabilitation" Highland Hospital Oakland, California
March 22, 2002	"Rehabilitation Considerations after Stroke" Marin Stroke Advisory Committee Marin General Hospital Greenbrae, California
May 15 2004	"A Model of Aging Spinal Cord Injury Function" Speaker California Pacific Medical Center San Francisco, California
November 8, 2005	"LTACH & Long Term Acute Care" Sonora Regional Medical Center Sonora, California
November 14, 2005	"Dysphagia" Grand Round at Novato Community Hospital Novato, California
January 22, 2007	"LTACH & Long Term Acute Care" Petaluma Valley Hospital Petaluma, California
June 14, 2011	VIBRA Medical Directors Convention New Orleans, Louisiana & St. Rose Hospital Hayward, California
November 6, 2012	"Neurodiagnostic Vent Weaning Program" & VIBRA National Medical Advisory Council Las Vegas, Nevada
April 30, 2013	"A Neurodiagnostic Approach to Ventilator Weaning for the Difficult to Wean Patient." Saint Helena, California

June 6, 2013	"A Neurodiagnostic Approach to Ventilator Weaning for the Difficult to Wean Patient." San Leandro, California
November 21, 2013	"A Neurodiagnostic Approach to Ventilator Weaning for the Difficult to Wean Patient." Santa Rosa, California
October 7, 2014	"A Unique Approach to Assessing Acute Respiratory Failure" Vallejo, California
December 2, 2014	"Spinal Cord Injury Anatomy for Lawyers" San Francisco Trial Lawyers Association San Francisco, CA
August 27, 2015	"A Unique Approach to Assessing Acute Respiratory Failure" Sutter Solano Vallejo, California
October 8, 2015	"A Comprehensive Neurodiagnostic Approach to Assess Potential for Vent Weaning" Reno, Nevada
October 28, 2015	"A Comprehensive Neurodiagnostic Approach to Assess Potential for Vent Weaning" San Francisco, CA
May 3, 2016	"A Comprehensive Neurodiagnostic Approach to Assess Potential for Vent Weaning" San Diego, California
November 11, 2016	"A Comprehensive Neurodiagnostic Approach to Assess Potential for Vent Weaning" Strategic Planning Sausalito, California
April 5, 2017	"The Kentfield Ventilator Weaning Assessment Program" Las Vegas, Nevada
May 9, 2017	"Next Step- The Ventilator Weaning Assessment Program" Clearwater Beach, Florida

September 1, 2017	"The Free to Breathe Ventilator Weaning Assessment Program" Grand Rounds, Santa Rosa Memorial Hospital Santa Rosa, California
October 5, 2017	"The Free to Breathe Ventilator Weaning Assessment Program" Grand Rounds, Kaiser San Jose San Jose, California

PUBLICATIONS

"Biological Characterization of Acute Infection with Ground Squirrel Hepatitis Virus", Co-Author. Journal of Virology, October 1982.

"Outline for Emergency Department Treatment of Pressure Ulcers: Graphic Contribution" Topics in Emergency Medicine, 1989 Aspen Publication.

"Life On Wheels: For the Active Wheelchair User." Consultant, O'Reilly & Associates, Inc.

RESEARCH

Neurodiagnostic assessment, method and classification system as related to ventilator weaning potential in the LTACH setting.

CONTINUING MEDICAL EDUCATION

June 26, 1987	"Electrodiagnostic Techniques" Inter West Regional Medical Education Center Palo Alto, California
December 4, 1987	"Pain Management in the Elderly" Inter West Regional Medical Education Center Martinez, California
September 7-9, 1988	Annual Meeting American Paraplegia Society Las Vegas, Nevada
September 10-12, 1989	"The Injured Worker Dilemma: Definitive Solutions" The California Medical Association Seton Medical Center Daly City, California
October 19-22, 1989	"Traumatic Brain Injury: 1989 A Meeting of the Minds—Science and the Injured Brain" University of California School of Medicine Sacramento, California
March 13, 1990	"Pain Management" Marin General Hospital Greenbrae, California
April 1-3, 1990	"Cervical Spine & Upper Extremity In Sports and Industry" The California Medical Association Seton Medical Center Daly City, California
June 19, 1990	"Diagnosis and Treatment of High Cholesterol: A Continuation" Marin General Hospital Greenbrae, California
August 30, 1990	"Spinal Cord Injury" Ukiah General Hospital Ukiah, California
September 30, 1990	"Trauma Rehabilitation" Grand Rounds at Mercy Medical Center

	Redding, California
October 21-26, 1990	"American Congress of Rehabilitation Medicine 67th Annual Session" American Academy of Physical Medicine and Rehabilitation
October 29, 1990	"Spinal Cord Injury" Doctors Hospital Pinole, California
October 30, 1990	"Anxiety in the Aging Patient" Marin General Hospital Greenbrae, California
December 11, 1990	"Update on New Techniques in Cardiology" Marin General Hospital Greenbrae, California
December 14, 1990	"Spinal Cord Injury" Berkeley, California
January 15, 1991	"Mechanism of Ischemic Heart Disease" Marin General Hospital Greenbrae, California
January 29, 1991	"Update on Colorectal Cancer" Marin General Hospital Greenbrae, California
February 5, 1991	"Nocturnal Asthma" Marin General Hospital Greenbrae, California
May 7, 1991	"Cervical and Lumbar Spine: State of Art of 1991" California Medical Association Seton Medical Center Daly City, California
May 13, 1991	"Spinal Cord Injury" Marin General Hospital Greenbrae, California
June 11, 1991	"Plastic Surgery Update" Marin General Hospital Greenbrae, California

July 30, 1991	"Anti-Coagulation Therapy" Marin General Hospital Greenbrae, California
September 3, 1991	"Injuries in the Non-Professional Athlete" Marin General Hospital Greenbrae, California
September 10, 1991	"Sudden Cardiac Death/Silent Myocardial Ischemia" Marin General Hospital Greenbrae, California
January 7, 1992	"Advances in Neurologic Rehabilitation" Marin General Hospital Greenbrae, California
March 31, 1992	"Pain Management" Marin General Hospital Greenbrae, California
April 7, 1992	"Repetitive Strain Injury of the Arm" Marin General Hospital Greenbrae, California
May 12, 1992	"Sudden Cardiac Death" Marin General Hospital Greenbrae, California
August 28, 1992	"Spinal Cord Injury: Rehabilitation Today" St. Mary's Regional Medical Center Reno, Nevada
December 1, 1992	"Thrombogenesis and Thrombolysis" Marin General Hospital Greenbrae, California
February 19, 1993	"Pulmonary Rehabilitation Physical Therapy Course" University of California—San Francisco San Francisco, California
February 26, 1993	"Grand Rounds on Spinal Cord Injury" Damaron Hospital Stockton, California

March 9, 1993	"Risk Management of Hypertropic Cardiomyopathy" Marin General Hospital Greenbrae, California
April 13, 1993	"Stroke Prevention: Results of Trials" Marin General Hospital Greenbrae, California
June 26, 1993	"Review of Conservative Treatment of Spinal Disorders" Marin General Hospital Greenbrae, California
August 18, 1993	"Grand Rounds on Spinal Cord Injury" Stanford University Stanford, California
September 22-24, 1993	"Spinal Cord Injuries: Issues and Advances" Contemporary Forums San Francisco, California
October 12, 1993	"Cancer Pain Management" Marin General Hospital Greenbrae, California
October 19, 1993	"New Trials Hypertension: Where Do We Stand Now?" Marin General Hospital Greenbrae, California
November 9, 1993	"Lung Transplantation: Practical Aspects" Marin General Hospital Greenbrae, California
November 11, 1993	"Spinal Cord Injury Community Lecture" Kentfield Rehabilitation Hospital Kentfield, California
December 1-4, 1993	"Cost Effective Back Care" American Back Society and St. Francis Memorial Hospital San Francisco, California
March 15, 1994	"New Options in Stroke Prevention" Marin General Hospital Greenbrae, California

March 29, 1994	"Regression of Arteriosclerosis" Marin General Hospital Greenbrae, California
April 5, 1994	"What's New in Infectious Disease?" Marin General Hospital Greenbrae, California
April 12, 1994	"Women and Heart Disease" Marin General Hospital Greenbrae, California
May 17, 1994	"Asthma Management Update" Marin General Hospital Greenbrae, California
June 7, 1994	"Coronary Artery Scanning" Marin General Hospital Greenbrae, California
February 14, 1995	"New Developments: Management of Epilepsy" Marin General Hospital Greenbrae, California
June 18, 1996	"Emphysema and Lung Volume Reduction Surgery" Marin General Hospital Greenbrae, California
June 18-20, 1996	"Comprehensive Spine & Joint Care from Exercise to Outcomes" University of California—San Diego San Diego, California
December 11-13, 1997	"Diagnosis & Treatment of Neck and Back Pain: Integrated Approach American Back Society and Stanford University School of Medicine San Francisco, California
December 10-12, 1998	"Advanced Diagnosis and Treatment of Neck and Back Pain: The Integrated Approach" American Back Society and Saint Mary's Regional Medical Center Las Vegas, Nevada

March 23-26, 1999	"8th John J. Bonica Maui Pain Conference" The Ohio State University College of Medicine Maui, Hawaii
December 9-11, 1999	"Advances in Spinal Diagnosis & Treatment for 21st Century" American Back Society Las Vegas, Nevada
April 14-16, 2000	"26th Annual Scientific Meeting" American Spinal Injury Association and the American Academy of Orthopedic Surgeons Chicago, Illinois
September 1-3, 2001	Spinal Cord Medicine Intensive Review Course American Paraplegia Society Las Vegas, Nevada
July 27-31, 2003	"Spine Across the Sea 2003" North American Spine Society & Japan Spine Research Society Maui, Hawaii
October 17, 2003	"Determination of Disability, Future Lifetime Needs and Life Expectancy after Brain and Spinal Cord Injury: A Rational Approach" Sutter Roseville Medical Center Roseville, California
May 15, 2004	"A Model of Aging Spinal Cord Injury Function" California Pacific Medical Center San Francisco, California
June 10-11, 2004	"Pain 2004" University of California San Francisco San Francisco, California
April 21-24, 2005	"18th Annual Symposium on Advanced Wound Care and Medical Research Forum on Wound Repair" San Diego, California
May 12-14, 2005	"31st Annual Scientific Meeting" American Spinal Injury Association Dallas, Texas

November 9-12, 2006	"Annual Scientific Assembly of the American Academy of Physical Medicine and Rehabilitation" American Academy of Physical Medicine and Rehabilitation Honolulu, Hawaii
May 14-17, 2008	"Spinal Cord Injuries" & "Chronic Pain Management for Individuals with SCI: Classifications and Treatment Approaches" Contemporary Forums San Francisco, California
January 2009	"Life Care Planning Certificate" Kaplan University Continuing Education Course
September 12-13, 2009	"APWCA 2009 Essentials of Wound Care" Wound Care Review Course Temple University School of Medicine Philadelphia, Pennsylvania
September 17-18, 2011	International Symposium on Life Care Planning Scottsdale, Arizona
November 17-20, 2011	Annual Assembly American Academy of Physical Medicine & Rehabilitation Orlando, Florida

Updated 10/6/2017

DR. ALEX BARCHUK
1125 SIR FRANCIS DRAKE BLVD.
KENTFIELD, CA 94904

Medical Legal Fee Schedule

Non-Refundable Retainer:	**$6,000.00**
Trial Retainer: (Must be received at least 4 business days before court appearance)	**$6,000.00**
Record Review	$750.00/hour
Report Preparation	$750.00/hour
Life Care Plan Recommendations Report	$750.00/hour
Patient Evaluation	$750.00/hour
Travel Time	$600.00/hour
Attorney Consultation	$750.00/hour
Pre-Deposition Preparation	$750.00/hour
Deposition **(must be paid at time of deposition)**	$1,000.00/hour
Court Appearance	$4,000.00 per ½ day $8,000.00 / full day
Photo/Video Presentation of Positive Physical Findings on CD/DVD	$750
Life Care Reality Presentation in Power Point format (Available Upon Request)	$750.00/hour
Rush cases (LCP report required within 2 weeks of contact)** ****Subject to availability. Requires prior approval.**	**Time & A Half**

Please include the retainer when sending patient records to our office. Whenever possible please send medical records via secure file share service (ex: Egnyte), on CD or other digital format.

Tax I.D. #: 94-3323649

Cancellation Policy: All scheduled appointments, depositions, trial testimony, etc. must be canceled at least 48 hours in advance. Any cancellation with less than 48 hours notice will be billed for scheduled time reserved. We reserve 2 hours for patient evaluations and 2 hours for depositions.

All bills are due 30 days from date of invoice. If not paid within 90 days of billing date all bills will be subject to an 8% interest charge per month.

Payment for all billed services must be received prior to deposition or trial testimony.

Effective 8/1/16

2018 Testimony

Case:	Depo/ Trial:	Date:	Attorney:	Trial Location:
Prator, James	Depo	1/18/18	Steve Brady	
Brown, Dillon	Depo	1/30/18	Erin Steffin	
Obligacion, Gerardo	Depo	2/7/18	Mary Alexander	
Hole, Kimberly	Depo	3/7/18	Eric Ratinoff	
Stewart, Sam	Depo	4/3/18	DeWitt Lacy	
Tyurina, Elena	Depo	4/17/18	Walkup Law Office	
Aguirre, Jose	Trial	5/3 & 5/10/18	Roger Dreyer	Woodland, CA
Graham, Stephen	Depo	5/17/18	Walkup Melodia	
Ledesma, Joseph	Depo	5/24/18	John Burris	
Zhou, “Emma”	Depo	6/29/18	Jeremy Cloyd	
Huang, Jian	Depo	7/16/18	Tom Paoli	
Staulcup, Jeffrey	Depo	7/17/18	Scarlett Law Group	
Navarro, Rachel	Depo	7/19/18	Mindy Bish Law	
Bruce, Mickey	Depo	8/1/18	Walkup Law Office	
Bruce, Mickey	Trial	8/23/18	Walkup Law Office	San Luis Obispo
Hole, Kimberly	Trial	9/10/18	Eric Ratinoff	Roseville
Lee, Soek	Depo	9/12/18	Krashna Law Firm	

2017 Testimony

Case:	Depo/ Trial:	Date:	Attorney:	Trial Location:
Alvarez, Melissa	Trial	1/24/17	Lorber, Greenfield & Polito, LLP	Napa
Myers, Raymond	Depo	2/16/17	Roger Dreyer	
Galinis, Susan	Depo	3/7/17	Danko Meredith	
Burton, Thomas	Depo	3/10/17	Greene Broillet & Wheeler	
Marchi, Deegan	Depo	3/14/17	Tom Jacobs	
McFarlane, Maridee	Depo	3/28/17	Roger Dreyer	
Barkow, Steven	Arb	4/3/17	Walkup, Melodia	Larkspur
Flores, Angel	Depo	4/6/17	Berg Injury Lawyers	
Flores, Angel	Trial	4/27/17	Berg Injury Lawyers	Modesto
Kavanagh, Donald	Depo	5/5/17	Joseph Tomasik	
Kim, Young	Trial	5/11/17	Walkup Melodia	Redwood City
Verrazono, Gary	Trial	5/16/17	Greene Broillet & Wheeler	Santa Rosa
Kennedy-Andress, Erin	Depo	6/30/17	Nikolaus Reed	
Nisley, Carson	Depo	7/27/17	Veen Firm	
Sorensen, Patricia	Depo	8/8/17	Ara Jabagchourian	
Bailey, David	Depo	8/15/17	Wilcoxen Firm	
Kavanagh, Donald	Trial	8/23/17	Joseph Tomasik	Oakland
Morse, Patrick	Depo	8/25/17	Thad Lauredo	
Nisley, Carson	Depo	9/19/17	Veen Firm	
Gardner, Sandra	Depo	9/22/17	Eustace St. Phalle	

2017 Testimony

Gardner, Sandra	Arb.	9/25/17	Eustace St. Phalle	San Francisco
Huang, Jian	Depo	10/10/17	Tom Paoli	
Meza, Margarito	Depo	11/3/17	Andrew Briggs	
Ingle, Melvin	Depo	11/30/17	Wilcoxen Callaham	
Aguirre, Jose	Depo	12/15/17	Dreyer Babich	
Rogers, Sandra	Depo	12/19/17	Cok Kinzler	
Crawford, Craig	Depo	12/22/17	Matiasic Roth & Johnson	

2016 Testimony

Case:	Depo/ Trial:	Date:	Attorney:	Trial Location:
Walker, Roscoe	Depo	2/9/16	Joseph Carcione	
Gueffroy, Donald	Trial	2/25/16	Scott Ritsema	Sacramento
Waltrip, Michael	Depo	3/1/16	Steve Enochian	
Gray, Marcia	Depo	3/4/16	Veen Firm	
Andrade, Sandra	Depo	3/18/16	Alexander Law	
Gray, Marcia	Trial	3/24/16	Veen Firm	Hayward
Galbreath, Lisa	Depo	3/29/16	Douglas Malcolm	
Barkow, Steven	Depo	4/1/2016	Walkup Melodia	
Slater, Carla	Depo	4/21/2016	Roger Dreyer	
Schreiber, Marthe	Depo	4/28/16	Brent Fiol & Pratt	
Vogel, Dana	Depo	5/10/16	Richard Alexander & Associates	
Slater, Carla	Trial	5/16/16	Dreyer Babich	Napa
Ayala, Isaura	Depo	5/24/16	Noel Ferris	
Schreiber, Marthe	Trial	6/3/16	Brent Fiol & Pratt	San Francisco
Vogel, Dana	Trial	6/6/16	Richard Alexander	Santa Clara
Pappakostas, Mark	Depo	6/7/16	Abramson Smith Waldsmith	
Anderson, Kyle	Depo	6/28/16	Russell Reiner	
Pace, Troy	Depo	6/29/16	Stawicki & Maples	
Assad, Christa	Depo	7/15/16	Veen Firm	
Clark, Traci	Depo	7/19/16	Lallande Law Firm	

2016 Testimony

Herdegen, Mary	Depo	8/9/16	Wilcoxen Callahan	
Clark, Traci	Trial	8/18/16	Lallande Law	Monterey
Parker, Tanya	Depo	8/23/16	Kimball Jones	
Giorgi, Louis	Depo	8/30/16	Porter Scott	
Mejia, Gabriel	Depo	9/6/16	Jones Clifford	
Rose, John	Depo	9/9/16	John Echeverria	
Kim, Young	Depo	10/11/16	Conor Kelly	
Ceccato, Tyler	Depo	10/21/16	Panish Shea Boyle	
Verrazono, Gary	Depo	11/3/16	Greene Broillet & Wheeler	
Xu, Hui Qin	Depo	11/4/16	Scott Righthand	
Rivas, Rafael	Depo	11/7/16	Lewis Brisbois	
Baxter, Nathan	Depo	11/29/16	Kenneth Sigelman	
Culler, Angela	Depo	12/2/16	Don McMillon	
Anderson, Kyle	Trial	12/8/16	Russ Reiner	Eureka
Alvarez, Melissa	Depo	12/22/16	Lorber Greenfield & Polito	

2015 Testimony

Case:	Depo/ Trial:	Date:	Attorney:	Trial Location:
Cole, Angela	Trial	2/3/15	Cynthia McGuinn	Santa Rosa, CA
Hassanali, Salima	Trial	2/6/15	Jack Angaran	Las Vegas
Cordoza, Ernest	Depo	2/26/15	Mel Orchard	
Gaffney, Joseph	Depo	3/17/15	Walkup Melodia	
Sanford, Charles	Trial	3/26/15	Mark Mosley	Hayward
Kindermann, Marlo	Depo	3/27/15	Vasquez Estrada & Conway LLP	
Serkes, Kim/Breslin, Mary Lou	Depo	3/30/15	Gene Elliot	
Russell, Martin	Depo	3/31/15	Douglas Fladseth	
Reed, Brian	Depo	4/3/15	Steven Yourke	
Dabalos, Benjamin	Trial	4/15/15	Moseley Collins	Stockton
Chin, Carey	Depo	4/13/15	William Smith	
Mallen, Susan	Depo	5/1/15	Joshua Watson	
Reed, Brian	Trial	5/5/15	John Burris	Fresno
Ginnett, Gail	Depo	5/15/15	Brad Hinshaw	
Taurek, Davida	Depo	5/19/15	Jeff Smith	
Kindermann, Marlo	Depo	5/28/15	Vasquez Estrada & Conway LLP	
Barkman, David	Depo	7/3/15	Cartright Scruggs	
Auten, Steven	Depo	8/25/15	Stewart Tabak	
Lam, Hung	Depo	9/18/15	John Burris/Ben Nisenbaum	
Mallen, Susan	Trial	9/22/15	Dolan Firm	San Francisco

2015 Testimony

Gueffroy, Donald	Depo	9/25/15	Arns Law Firm	
Shea, Glenn	Depo	10/16/15	Brandi Law Firm	
Taurek, Davida	Trial	10/27/15	Abraham Smith Waldsmith, LLP	San Rafael
Kindermann, Marlo	Trial	12/7/15	Vasquez Estrada & Conway LLP	San Rafael
Lam, Hung	Trial	12/17/15	John Burris/Ben Nisenbaum	San Jose

2014 Testimony Roster

Case:	Depo/ Trial:	Date:	Attorney:	Trial Location:
Mercado, Maria	Depo	1/7/14	Gwilliam Ivary	
Hernandez, Jennifer	Depo	1/23/14	Melissa Fairbrother	
Sabah, Joseph	Depo	1/28/14	Sanford Cipinko	
Procknow, Garrett	Depo	1/31/14	Kershaw Cutter Ratinoff	
Duncan, Robert	Depo	2/13/14	Archer Norris	
Sabah, Joseph	Trial	2/18/14	Sanford Cipinko	Fairfield, CA
Morello, George	Depo	2/25/14	William Coke	
Chen, Geoffrey	Trial	3/3/14 & 3/4/14	Green Brouillet & Wheeler	Orange County, CA
Francisco, Maria	Depo	3/6/14	Spencer Lucas	
Anderson, Madeline	Depo	3/10/14	Dan Wilcoxen	
Anderson, Madeline	Trial	3/27/14	Dan Wilcoxen	Ukiah, CA
Smith, Linda	Depo	3/28/14	Joseph Tomasik	
DeLara (AKA Horn)	Trial	4/1/14	Archer Norris	Fresno, CA
Olsen, Annette	Trial	4/8/14	Wilcoxen Callaham	Sacramento, CA
Francisco, Maria	Trial	4/10/14	Panish Shea Boyle	Oakland, CA
Daeseleer, Jeremy	Depo	4/25/14	Bradley Drendel & Jeanney	
Minish, Diane	Depo	5/8/14	Boccardo Law Firm	
Kim, Moon	Depo	5/15/14	Steve Brady/Nelson Barry	
Gu, Li	Depo	5/20/14	Law Office of William Campisi	

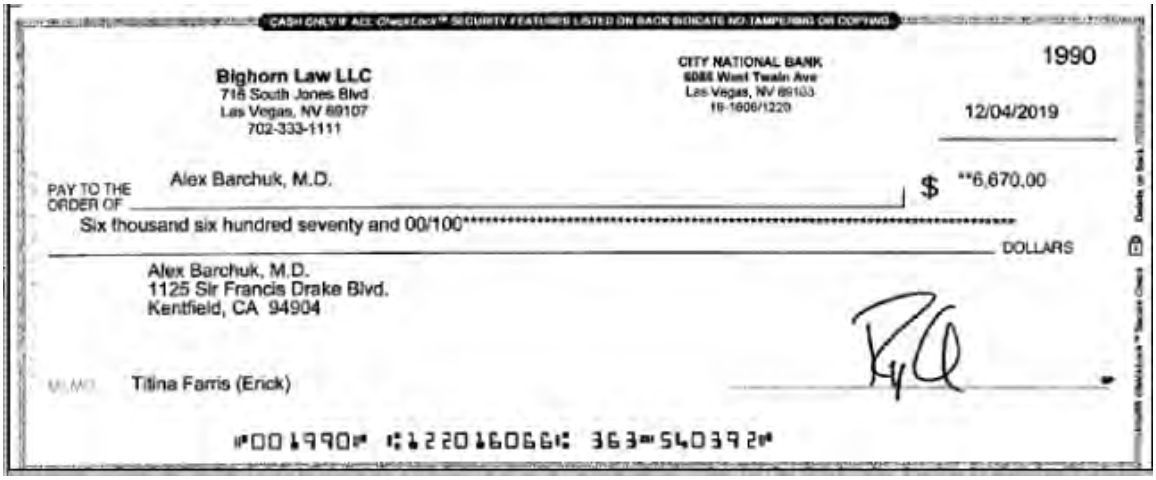
2014 Testimony Roster

Sherman, Michael	Depo	5/23/14	Walkup Melodia	
Chaney, Sally	Trial	5/29/14	Veen Firm	Fairfield, CA
Chaney, Sally	Trial	6/2/14	Veen Firm	Fairfield, CA
Sherman, Michael	Trial	6/10/14	Walkup Melodia	Sante Fe, NM
Harrison, Caryl	Depo	6/17/14	Bostwick Firm	
Estigoy, Ericson	Depo	6/19/14	Walkup Melodia	
Mainor, Carol	Depo	6/26/14	Adante Pointer	
Choyce, Omari	Depo	6/26/14	Adante Pointer	
Marquez, Luis	Trial	7/10/14	Steger Johnson	San Francisco, CA
Estigoy, Eric	Arb	7/18/14	Walkup Melodia	Walnut Creek, CA
McCallum, John	Depo	7/25/14	Sean Burke	
Hoover, Walter	Trial	8/22/14	George Wise	Little Rock, AR
Fuston, Rachael	Depo	8/26/14	Panish Shea & Boyle	
Quijada, Edward	Depo	8/28/14	Brown Law Firm	
Nugapitiya, Lakshmi	Depo	9/2/14	Paul Van Der Walde	
Sanz, Raquel	Depo	9/16/14	Winer McKenna	
Flowers, Richmond	Depo	9/19/14	Kershaw Cutter & Ratinoff	
Tapia, Frank	Depo	9/25/14	Steve Schultz	
Aronow, Marcie	Depo	10/1/14	Coddington Hicks & Danforth	
Saghari, Bahram	Depo	10/3/14	Craig Needham	
Atrif, Netsanet	Depo	10/28/14	Steve Brady	

2014 Testimony Roster

Castro, Justin & Templeton, Morgan	Depo	10/31/14	Veen Firm	
Lee, Ji Hye	Trial	11/10/14	Sanford Cipinko	Sacramento
Sanford, Charles	Depo	11/14/14	Mark Mosley	
Tuttle, Jack	Trial	11/18/14	Sal Liccardo	Santa Rosa
Harrison, Caryl	Trial	12/5/14	Jim Bostwick	San Francisco

“EXHIBIT 3(b)”



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702-333-1111

CITY NATIONAL BANK
6085 West Twain Ave
Las Vegas, NV 89103
19-1606/1220

1990

12/04/2019

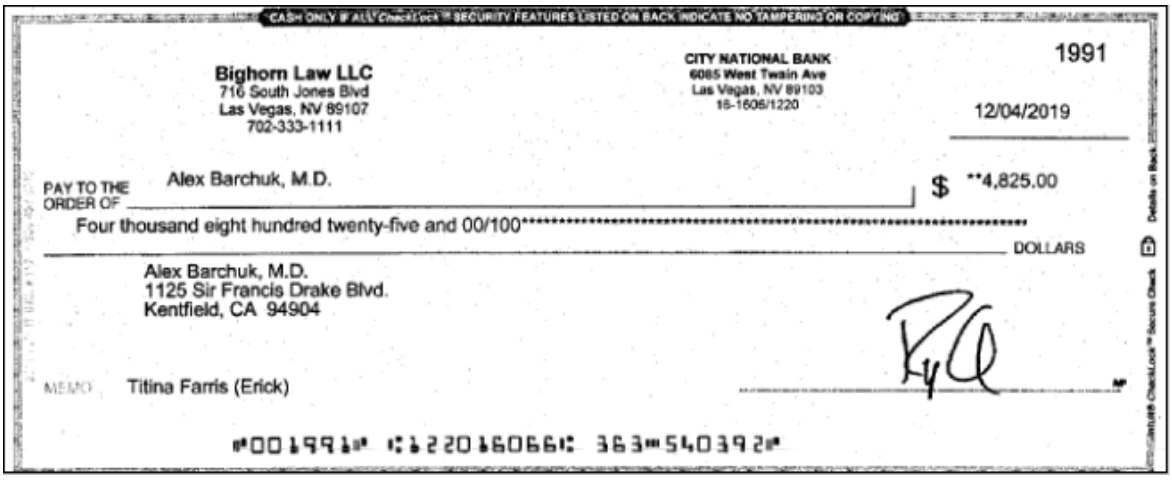
PAY TO THE ORDER OF Alex Barchuk, M.D. $ **6,670.00

Six thousand six hundred seventy and 00/100********** DOLLARS

Alex Barchuk, M.D.
1125 Sir Francis Drake Blvd.
Kentfield, CA 94904

MEMO Titina Farris (Erick)

⑈001990⑈ ⑆122016066⑆ 363⑈540392⑈



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Las Vegas, NV 89107
702-333-1111

CITY NATIONAL BANK
6085 West Twain Ave
Las Vegas, NV 89103
16-1606/1220

1991

12/04/2019

PAY TO THE ORDER OF Alex Barchuk, M.D. $ **4,825.00

Four thousand eight hundred twenty-five and 00/100********** DOLLARS

Alex Barchuk, M.D.
1125 Sir Francis Drake Blvd.
Kentfield, CA 94904

MEMO Titina Farris (Erick)

⑈001991⑈ ⑆122016066⑆ 363⑈540392⑈

Details on Back. Protected by CheckLock™ Secure Check

Bighorn Law
716 South Jones Blvd
Las Vegas, NV 89107
702-333-1111

City National Bank
6088 West Twain Ave
Las Vegas, NV 89103
10-1606/1220

21430

10/17/19

PAY TO THE ORDER OF Barchuck

$ 6,000 00

six thousand and 00/100 DOLLARS

MEMO

⑈021430⑈ ⑆122016066⑆ 383-531512⑈

HAND & SULLIVAN, LLC- OPERATING ACCOUNT
FSB

3008

DATE	DESCRIPTION	INVOICE #	CHECK AMOUNT	DEDUCTION	NET AMOUNT
	Alex Brachuk, MD				
	TITINA FARRIS evaluation				

CHECK DATE	CONTROL NUMBER	TOTALS
9/10/14		$8,625.-

HAND & SULLIVAN, LLC
OPERATING ACCOUNT
3442 N BUFFALO DR
LAS VEGAS, NV 89129

FIRST SAVINGS BANK
78-683/914

3008

DATE 9/10/14 AMOUNT $8,625.-

PAY Eight Thousand Six Hundred twenty five +00/100—

TO THE ORDER OF: Alex Brachuk, M.D.

FARRIS, TITINA

AUTHORIZED SIGNATURE

Security features included. Details on back.

⑈003008⑈ ⑆ ⑈

HAND & SULLIVAN, LLC- OPERATING ACCOUNT
FSB

3008

[L1572HT] 7145541

“EXHIBIT 4(a)”

DAWN COOK
EXPERT LIFE CARE PLANNER

LIFE CARE PLAN FOR MS. TITINA FARRIS

Regarding:
Farris v. Rives, et al.
Date of Incident: July 3, 2015
Case No. A-16-739464-C

Prepared for:
George Hand, Esq.
Hand & Sullivan, LLC
3442 N. Buffalo Drive
Las Vegas, NV 89129

Prepared by:
Dawn Cook RN
Dawn Cook Consulting LLC
1001 E. Sunset Road #97553
Las Vegas, NV 89193

June 6, 2018

Dawn Cook, RN, CLCP, CNLCP

TABLE OF CONTENTS

INTRODUCTION

I have been retained by Mr. George Hand to provide an opinion on the future medical costs for Ms. Titina Farris regarding her injuries following surgery on July 3, 2015. The scope of this report encompasses the following:

1. Review of records received
2. Interview with Mr. and Ms. Farris
3. Photographs of Ms. Farris, her equipment and supplies
4. Communication with Dr. Alex Barchuk, MD, Physical Medicine & Rehabilitation
5. Research into the usual, reasonable and customary[1] cost for her future care

Summary of opinions:

On 07/03/15, Ms. Farris underwent a hernia repair surgery. During this surgery, her bowel was perforated, which required surgical repair and additional care. Her hospitalization was prolonged for many weeks. During the hospitalization, she developed bilateral foot drop. She has many future health needs as it relates to her bilateral foot drop.

It is my opinion that, as a result of the injury, the future health care needs likely to be needed for the remainder of Ms. Farris's life expectancy as recommended by Dr. Barchuk are reasonable. The usual, reasonable and customary charges for these are **$3,101,395.33.** This total has not been adjusted for cost of living increases; an economist may be needed to make these calculations.

My opinions are to a reasonable degree of probability. I reserve the right to change or modify my opinion if additional information becomes available to me.
Dawn Cook RN

[1] HealthCare.gov Glossary: UCR (Usual, Customary, and Reasonable): "The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount." https://www.healthcare.gov/glossary/UCR-usual-customary-and-reasonable/

QUALIFICATIONS

A. I am a licensed Registered Nurse with over 35 years of experience in health care including the hospital and home care settings.

B. I am a licensed Registered Nurse in Nevada and California. I maintain my licenses by successfully completing 30 continuing education credits every two years.

C. I have three certifications as a Life Care Planner and maintain these certifications by accruing a minimum of 80 hours of continuing education credits every five years. In 2017, I renewed two life care planning certifications and I had 233 qualifying hours of continuing education.
   1. Certified Life Care Planner (CLCP) from the International Commission for Health Care Certifications[2] (ICHCC) since 2013, renewed in 2017.
   2. Lifetime Nurse Care Planner-Certified (LNCP-C) from the Organization of Lifetime Nurse Care Planners[3] since 2013, renewed in 2017.
   3. Certified Nurse Life Care Planner (CNLCP) from the Certification Board for the American Association of Nurse Life Care Planners[4] since 2015.

D. I am experienced in life care planning, past medical bill review and testifying:
   1. I have prepared over 350 medical damages reports for both plaintiff and defense counsel since 2012.
   2. I have prepared Life Care Planning and Past Medical Bill Review reports in 22 states.
   3. I have had my deposition testimony taken over 45 times since 2012.
   4. I have qualified at Federal Court and State Court in California, Nevada and New Mexico as a Life Care Planner.

E. I actively continue my education in life care planning, cost research and coding by attending conferences. I have annual continuing education that exceeds the requirements for maintaining my both my RN license and certification as a nurse life care planner. My ongoing education includes

[2] International Commission on Health Care Certification: https://ichcc.org/certifications/clcp-cclcp-mscc-cgcm.html
[3] Lifetime Nurse Care Planners: http://lifetimenursecareplanner.org/
[4] Certified Nurse Life Care Planner (CNLCP): http://cnlcp.org/

nursing, life care planning, and medical billing, coding and projecting usual, reasonable and customary medical costs.

F. I am a member of:

1. American Association of Nurse Life Care Planners[5]
2. American Association of Professional Coders[6]
3. International Association of Rehabilitation Professionals[7]
4. National Alliance of Medical Auditing Specialists[8]
5. American Nursing Association[9]
6. Nevada Nurses Association[10]
7. Association of Rehabilitation Nurses[11]
8. American Academy of Physician Life Care Planners[12]

G. I actively participate in my professional associations by:

1. Conference Planning Committee AANLCP 2017-2018
2. Executive Forum in Lifetime Nurse Care Planning Committee member 2016-2017
3. AANLCP Journal Committee member and Peer Reviewer since 2015

H. I purchase and subscribe to the following cost research materials:

1. Current Procedural Terminology[13] (CPT), Diagnosis Related Group[14] (DRG) and Healthcare Common Procedure Coding System[15] (HCPCS) coding books
2. PMIC Medical Fees[16] and Anesthesia Guides
3. American Hospital Directory[17] (on-line subscription source)

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[5] American Association of Nurse Life Care Planners (AANLCP): http://www.aanlcp.org/
[6] American Academy of Professional Coders (AAPC): https://www.aapc.com/
[7] International Association of Rehabilitation Professionals (IARP): https://www.rehabpro.org/
[8] National Alliance of Medical Auditing Specialists (NAMAS): http://namas.co/
[9] American Nursing Association (ANA): https://www.nursingworld.org/
[10] Nevada Nurses Association: http://www.nvnurses.org/
[11] Association of Rehabilitation Nurses (ARN): https://rehabnurse.org/?cate-c5.html
[12] American Academy of Physician Life Care Planners (AAPLCP): http://aaplcp.org/
[13] American Medical Association (AMA): CPT (Current Procedural Terminology): https://www.ama-assn.org/practice-management/cpt-current-procedural-terminology
[14] Centers for Medicare & Medicaid Services (CMS). Defining the Medicare Severity Diagnosis Related Groups (MS-DRGs), Version 34.0: https://www.cms.gov/ICD10Manual/version34-fullcode-cms/fullcode_cms/Defining_the_Medicare_Severity_Diagnosis_Related_Groups_(MS-DRGs)_PBL-038.pdf
[15] Centers for Medicare & Medicaid Services (CMS): Healthcare Common Procedure Coding System: https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html
[16] Davis, J. (2017). Practice Management Information Corporation (PMIC): Medical Fees 2018 http://pmiconline.stores.yahoo.net/mefe20.html

4. Direct communication with providers of medical care, supplies and medical equipment
5. Current billing records when available Veteran's Administration (VA)[18], Medicare[19] and Medicaid databases when applicable

METHODOLOGY

I adhere to the methodology for life care planning as described:

Definition of Nurse Life Care Plan[20]:

Nurse Life Care planning is defined as the protection, promotion, and optimization of health and abilities for individual and families affected by catastrophic injuries and chronic health conditions. Nurse Life Care Planners apply advocacy, judgment, and critical thinking skills using the nursing process, to develop long-term or lifetime plans of care, including the costs associated with all of a plan's components:

- Identified evaluations and interventions
- Health maintenance
- Health promotion
- Optimization of physical and psychological abilities

Methodology of the Life Care Plan:

The methodology used in this life care plan report is the scientific nursing process as described in the American Nursing Association's Nursing, Scope and Standards of Practice[21]: Assessment; Nursing Diagnosis[22]; Outcomes Identification and Planning.

For the purpose of a Life Care Plan, an assessment is the comprehensive collection of pertinent data and information. The RN's analyses of the assessment

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[17] American Hospital Directory: https://ahd.com/
[18] U.S. Department of Veterans Affairs (VA): https://www.va.gov/COMMUNITYCARE/revenue_ops/payer_rates.asp
[19] Centers for Medicare & Medicaid Services (CMS). Research, Statistics, Data & Systems: https://www.cms.gov/Research-Statistics-Data-and-Systems/Research-Statistics-Data-and-Systems.html
[20] American Association of Nurse Life Care Planners, et al. Nurse Life Care Planning Scope and Standards of Practice
[21] America Nurses Association. Nursing: Scope and Standards of Practice
[22] Herdman, T, Ed. NANDA International Nursing Diagnosis: Definitions and Classification

data is utilized to determine actual or potential problems and issues classified as Nursing Diagnoses. Outcomes Identification is the categorization of expected outcomes for a plan individualized to the plaintiff. Planning involves prescribing strategies to attain the expected, measurable outcomes and includes research into the usual, reasonable and customary costs for the components of the plan.

DOCUMENTS

The following records were received:
Medical:

1. Barry Rives, MD/Laparoscopic Surgery of Nevada, 8285 West Arby, Suite 390, Las Vegas NV 89113; 07/31/14; 08/07/14; 04/30/15; 06/23/15
2. Saint Rose Dominican Hospitals, San Martin Campus, 8280 West Warm Springs Road, Las Vegas, NV 89113; 07/03/15 – 08/11/15
3. Steinberg Diagnostic Medical Imaging Centers, 2850 Sienna Heights, Henderson NV 89052; 06/12/15
4. Elizabeth Hamilton, MD/Ripplinger & Jones/Southern Nevada Surgery Specialists, 999 Adams Boulevard, /Suite 104, Boulder City, Nevada, 89005; 07/16/15 – 08/01/16
5. Associated Pathologists/Quest Diagnostics Affiliate, 3001 Saint Rose Parkway, Henderson, NV 89052; 07/16/15; 07/18/15; 07/18/16
6. Bess Chang, MD/Neurology, 8530 West Sunset Road, Suite 350, Las Vegas, NV 89113; 09/14/15
7. Desert Valley Therapy, 6830 West Oquendo Road, Suite 101, Las Vegas, NV 89118; 11/12/15 – 05/27/16
8. Quests Diagnostics, South Eastern Avenue Street, Suite 130, Henderson, NV 89052; 05/24/16; 07/07/16
9. Saint Rose Dominican Hospitals, Siena Campus, 3001 St Rose Pkwy, Henderson, NV 89052; 07/18/15 – 07/25/16

Expert:

1. Alex Barchuk, MD/Physical Medicine & Rehabilitation, 1125 Sir Francis Drake Boulevard, Kentfield, CA 94904

Summary of Records

On 07/03/15, Ms. Farris presents to Barry Rives, MD (Surgeon) for a hernia repair with mesh. Post-operative complications included: acute respiratory failure requiring intubation, acute kidney failure, sepsis, anasarca, leukocytosis, anemia and encephalopathy secondary to sepsis and medications. She was moved to the Intensive Care Unit (ICU); Prevalon boots were applied.

On 07/14/15, Ms. Farris underwent a tracheostomy and percutaneous endoscopic gastrostomy tube placement. On 07/16/15, Ms. Farris underwent a multi-procedural abdominal surgery by Elizabeth Hamilton, MD (Surgeon); a colostomy was placed. She remained in the ICU.

On 07/26/15, Ms. Farris began Physical therapy (PT). She was noted to have no muscle contraction (0/5) at the ankles bilaterally with dorsiflexion or plantar flexion. On 07/30/15, PT noted the presence of bilateral foot drop.

On 07/31/15, Ms. Farris is assessed by Elizabeth Hamilton, MD (Surgeon). Dr. Hamilton indicates Ms. Farris reports a history of neuropathy.

On 08/01/15, Ms. Farris continues with PT who notes the absence of ankle contraction. On 08/04/15, Ms. Farris complained of left knee pain radiating down to the ankle; rated 10/10. On 08/05/15, Ms. Farris complained of the left lower extremity pan and significant weakness of the bilateral lower extremities.

On 08/06/15, PT notes Ms. Farris' strength and mobility are slowly progressing. She requires maximal assistance for general transfers, moderate assistance for bed mobility. Bilateral foot drop is noted. Ms. Farris reports that she has a history of neuropathy and takes gabapentin and Percocet for pain. She is restarted on gabapentin. Elizabeth Hamilton, MD (Surgeon) notes that Ms. Farris has acute and chronic lower leg neuropathy; her ankles are down. On 08/08/15, foot drop is again noted. PT recommends acute rehabilitation.

On 08/10/15, Elizabeth Hamilton, MD (Surgeon) notes Ms. Farris' pain is the neuropathy in the feet, tingling noted. Dr. Hamilton further notes Ms. Farris had this pre-hospitalization and took pain medication for this but more now.

On 08/11/15, Ms. Farris was discharged to Care Meridian for rehabilitation care.

On 11/12/15, Ms. Farris presents to Desert Valley Therapy for evaluation and treatment. Ms. Farris reports intermittent pain in the bilateral lower extremities, numbness and tingling along the bilateral feet and calves. Bilateral foot drop is noted. She is using a Four Wheeled Walker for ambulation. She is wearing bilateral ankle-foot orthosis (AFO). Her strength is trace in the bilateral ankles. Her bilateral lower extremities were within functional limits except trace movement in the bilateral ankles, planter flexion 40 degrees. Foot and Ankle Ability Measure (FAAM) scores were 40%, decreasing to 31% on 02/08/16.

Ms. Farris completed a Foot and Ankle Ability Measure form indicating that with the use of a walker she had no difficulty standing, walking on even ground and walking on even ground without shoes, walking five minutes or less. Slight difficulty was noted when walking approximately 10 minutes and 15 minutes or greater. Moderate difficulty was noted when stepping up/down curbs, performing activities of daily living (ADL), and light to moderate work (standing/walking). She indicated extreme difficulty with walking on uneven ground, completing home responsibilities and stated she is unable to walk up/down hills, go up/down stairs, squat, come up on her toes, complete personal care, heavy work (push/pull, climb, carry) and engage in recreational activities. When rating her current level of functioning during usual ADLs compared to the level of function prior to the foot and ankle problems, the rating was 1.0%.

On 05/27/16, Ms. Farris was discharged from Physical Therapy. She reports more pressure in her ankles. Her functional limitation is walking. She is wearing bilateral AFO, foot drop noted. Her ankle strength is trace in the bilateral ankles but improved with dorsiflexion.

On 09/14/15, Ms. Farris presents to Bess Chang, MD (Neurology) for an electromyography (EMG) and nerve conduction velocity (NCV) testing. Impression: Severe axonal and demyelinating peripheral neuropathy. Abnormal EMG, distal greater than proximal lower extremity neurogenic weakness with denervation. Recommendation: MRI of lumbar spine to exclude multilevel radiculopathy.

On 11/06/15 – 08/01/16 Ms. Farris presents to Elizabeth Hamilton, MD (Surgeon) for ongoing care; six visits. Dr. Hamilton notes significant neuropathy

of the feet with pain and weakness as well as bilateral foot drop with right more than left. Ms. Farris is walker dependent as well as utilizing a wheelchair.

Past Medical History: Diabetes Mellitus, Type 2; Hyperlipidemia; Hypertension; Anxiety; Depression; Hernia; and lipoma of abdominal wall

Past Surgical History: Cesarean sections; Hernia Repair; and Excision of abdominal wall lipoma with repair of an incarcerated ventral hernia with mesh

Expert Report

Dr. Alex Barchuk 03/20/18

On 03/20/18, Ms. Farris presents to Alex Barchuk, MD (Physical Medicine & Rehabilitation) for an evaluation and recommendations for care. Dr. Barchuk notes the following Problem List: Perforated viscus with intraabdominal sepsis status post exploratory laparotomy and removal of prosthetic mesh; acute respiratory failure status post tracheostomy placement; history of incarcerated incisional hernia status post laparoscopic repair with mesh and colonorrhaphy x 2; encephalopathy secondary to sepsis and medications; acute blood loss anemia; acute kidney injury; and neuropathy from prolonged immobilization. Dr. Barchuk also notes the following residual issues: Severe sensory loss and motor weakness below the knees bilaterally involving the tibial and peroneal nerves; probable carpal tunnel syndrome bilaterally; probable rotator cuff tear/tendinitis left shoulder; right ankle contracture with bilateral foot drop; left heal stage III decubitus; ventral hernia, Dupuytren's contracture bilateral hands; weight gain; situational depression and anxiety; sleep disturbance; chronic neuropathic musculoskeletal myofascial pain; high fall risk; impaired mobility and ADL status and impaired avocational status. Dr. Barchuk's recommendations are listed on pages 18-22.

INTERVIEW

Titina Farris was interviewed by phone for one hour on 3/16/18 and at her home for 1 ½ hour on 3/22/18. Mr. Farris was present for the interviews.

Ms. Farris is currently 55 years old; 52 years at the time if her injury.

The Farris' live at 6450 Crystal Dew Drive, Las Vegas, NV 89118. Their telephone number is (702) 782-9954 (Home) and Ms. Farris' cell phone number is (702) 472-3904. The home is a single-story home; 4 bedrooms, 2 bathrooms with an attached garage. There is one step moving to/from the garage as well as into/out of the home. There are currently no ramps at the entryways of the home. The yard is low maintenance.

Ms. Farris lives with her husband Patrick Farris, their daughter Elizabeth who is 11 years old (and at school on the day of the interview) and recently her daughter, Sky, (age 30 years) and Sky's eight year old son moved into the home. Ms. Farris' son, Lowell, age 33 years lives in Las Vegas. Her parents, brother and two sisters all live in Las Vegas.

Patrick Farris is age 52 years and they have been married for 14 years. Elizabeth is their only child together. He states his health is "okay but I am exhausted." He tells me that since her injury, he has had to take over many aspects of family life that she used to independently.

Ms. Farris was born in Harrisburg, Pennsylvania, attended elementary school in Springfield, Pennsylvania and high school in Yucaipa, California; 1980 graduate. Ms. Farris identified herself as a beauty school dropout. She has no college education.

Ms. Farris is a stay at home wife and she states that her last "real job" was working for Walmart over 15 years ago.

Her current work is that as a clairvoyant. She stated she 'guest spots' on a local radio station doing readings. She is not paid for that service however gets referrals and clients from those appearances. Family members drive her to/from the radio station and if not available, Mr. Farris will take a day off from work to do so. He stated, "I know this is important to her."

Income/Insurance

Ms. Farris' income is from the clairvoyant readings she provides. She could not state specifically how many or how often she provides readings.

Mr. Farris works full-time as a gardener for the Mirage Hotel in Las Vegas. Through this position, they have health, dental and optical insurance.

General Health

Ms. Farris is 5' 2" tall and weighs 160 pounds (BMI: 29.3). She states a 20-pound weight gain since surgery in 2015. Ms. Farris wears prescriptive reading glasses. She has no hearing issues. She stated she has no food allergies. Mr. and Ms. Farris stated there are no environmental issues. Ms. Farris likes to have the house cold and runs the air conditioner "a lot." She stated she sweats a lot and gets hot with movement, especially when walking. She states she has occasional allergies to pollen. She is left-handed. She does not use alcohol, tobacco or recreational drugs.

Previous health problems

Ms. Farris stated a history of Diabetes, Type 2 and occasional pollen allergies for which she takes Claritin as needed.

Subsequent health problems

Following the surgery in July 2015, she has bilateral foot drop. She says she has no movement in her feet. Pain is 'always' an issue. She has poor balance. Ms. Farris is able to use a walker but does not ambulate well due to the foot drop. She has pain in her calves and her back. She complains of hand pain related to gripping the walker in an effort to maintain her ability to ambulate.

Family health

Her father is diagnosed with Alzheimer's, her mother has a pacemaker and arthritis. Her siblings have no health issues.

Current Care

Naomi Chaney, MD (Internal Medicine): 5380 South Rainbow #218, Las Vegas, NV 89118: (702) 319-5900. The Farris' both stated Dr. Chaney is the only current provider. Ms. Farris had a scheduled appointment with Dr. Chaney on 04/04/18.

Ms. Farris is no longer receiving therapy. Mr. Farris stated her insurance company would not cover any further therapies.

Home exercise equipment and program

Ms. Farris is stretching with rubber bands for therapy: Photo 29.

Photo Date: 03/22/18

Her Physical Therapist set up the routine. She stated the best exercise is for her to walk but it is hard. She states she can walk up to 2 hours in a day with a wheeled walker but this is variable.

Home care attendant or home nurse:

Ms. Farris is not receiving any in home services. Mr. Farris requested assistance and or a companion.

Current equipment:

- Manual wheelchair: purchased in 2016: Photo 59.

Photo Date: 03/22/18

- Walkers: They have purchased/gone through 3 since 2016. The current one is a four-wheeled walker with a seat: Photo 11.

Photo Date: 03/22/18

- Shower chair, shower grab bars and toilet garb bars purchased and installed in 2016.
- AFO/leg braces: She no longer wears these due to fit. They cannot afford to replace.
- Stretchy band for leg exercises (previous page; also in photo 43 below)
- TENS unit (rarely used): Photo 43

Photo Date: 03/22/18

Home Modifications

- Grab bars in the shower and by the toilet.

Additional Notes:

- Mr. Farris stated how tired he is from the care of Ms. Farris and working full-time. He has asked for help: caregiver/companion to fix her meals while he is at work.
- Both Mr. & Ms. Farris stated the house is not well managed nor laundry.
- Both Mr. & Ms. Farris asked about obtaining a scooter due to her arms being too tired to propel the manual wheelchair.
- Ms. Farris stated she feels she can care for herself.
- Dr. Chaney is making many care suggestions, but Mr. and Ms. Farris feel they cannot afford to make additional purchases.
- Ms. Farris became quite tearful when talking about not being able to go outside and be with her three dogs.

NURSING DIAGNOSIS, GOALS & RECOMMENDATIONS[23]

Ms. Farris is severely limited in her daily activities due to bilateral foot drop. Based upon Ms. Farris' medical records review and a personal interview with Ms. Farris', the following equipment and services are recommended by me and including the following nursing diagnoses:

1. **Grouped: Impaired Physical Mobility; Impaired Walking; and Impaired Wheelchair Mobility:** Due to bilateral foot drop, Ms. Farris has difficulty ambulating without the use of assistive devices and supervision. Recommendations include: bilateral custom fit Ankle Foot Orthosis, 4-Wheeled Walker with seat, manual wheelchair and power wheelchair. Accessible van with portable ramps will be needed for transportation. As she ages, additional recommendations include Hoyer lift and slings and home modifications to accommodate the wheelchair.
2. **Impaired Home Maintenance:** Ms. Farris is unable to clean or maintain her home due to her limitations in mobility as a result of the bilateral foot drop. Recommendation for home maintenance services.
3. **Caregiver Role Strain:** Mr. Farris has difficulty maintaining his role and helping Ms. Farris. Recommendations for personal care attendant/chore assistance to allow Mr. Farris to return to the role of husband, rather than caregiver.
4. **Decreased Diversional Activity:** Ms. Farris is unable to roam freely into the yard and engage with her pets due to the absence of wheelchair ramps in her home. Recommendation is for ramps to be installed in the home.
5. **Grouped: Risk for Falls; Risk for Injury**: Ms. Farris has difficulty ambulating yet a desire to do so. The bilateral foot drop increases the risk for falls and or injury. In addition to the mobility aids previously mentioned, recommendations are made for grab bar placement near the toilet and in the shower, elevated toilet seat, shower bench and shower hose.
6. **Grouped: Pressure Ulcer; Impaired Tissue Integrity:** Ms. Farris has decreased sensation in her feet due to neuropathy and a history of a wound to her heel. Recommendations to prevent further wound development as well as assist in the healing process includes: daily

[23] Herdman, T, Ed. NANDA, 2018

attendant care to visualize the heels and Pressure Relief Ankle Foot Orthosis for night-time use.

7. **Chronic Pain:** Ms. Farris has developed chronic neuropathic musculoskeletal myofascial pain following her surgery in July 2013. Recommendations include ongoing surveillance by her medical team.

Life Care Plan Goals

The Life Care Plan outlined here has the following goals for Ms. Titina Farris. These goals are developed for her to provide her with adequate and safe lifetime care by preventing or treating her many medical complications.

- She will have access to home care services in order to meet her health care needs.
- She will have access to adequate and proper adaptive equipment throughout her life as well as access to adequate adaptive equipment that will assist her in preventing health care complications.
- She will have access to adequate and proper supplies throughout her lifetime.
- She will have access to proper medications in order to control and prevent health complications from occurring. These medications will be prescribed by her healthcare providers as needed.
- She will have access to medical services so that she can be monitored and treated for her ongoing health care needs.
- She will have access to therapy services to enhance and maintain her level of functioning and to prevent complications.
- She will have access to transportation that her family can use to move her and her wheelchair to appointments and social activities.
- She will have renovations made to her home to accommodate her mobility, toileting and bathing needs.
- She will have access to psychological counseling to help cope with the stress and grief associated with being disabled and in pain.

Communication with Dr. Barchuk

On 5/1/18, I spoke with Dr. Barchuk to confirm the fax list of future medical care. On 5/14/18, I spoke with him to clarify the pool therapy future needs, which he said was at a physical therapy office or pool with a physical therapy aid. A physical therapist would only be needed for evaluations.

PRELIMINARY REPORT- PRIVILEGED & CONFIDENTIAL
FOR MEDIATION/SETTLEMENT PURPOSES

LIFE CARE PLAN WORKSHEET

By: Dr. Alex Barchuk

Name:	Titina Farris	**Referred By**:	George Hand, Esq.
DOB:	10/24/1962	**Life Care Planner:**	
DOI:	7/3/2015	**Plaintiff/Defense:**	Plaintiff
DOE:	3/20/2018	**Diagnosis**:	
LOE:	Kentfield Rehabilitation & Specialty Hospital	**First Contacted:**	12/27/2017
		Reviewed:	

Present at Exam: Husband (drove)

PROBLEM LIST:

1. Perforated viscus with intraabdominal sepsis status post exploratory laparotomy and removal of prosthetic mesh
2. Acute respiratory failure status post tracheostomy placement
3. History of incarcerated incisional hernia status post laparoscopic repair with mesh and colonorrhaphy x 2
4. Encephalopathy secondary to sepsis and medications
5. Acute blood loss anemia
6. Acute kidney injury
7. Neuropathy from prolonged immobilization
8. Residual:
    a. Severe sensory loss and motor weakness below the knees bilaterally involving the tibial and peroneal nerves
    b. Probable carpal tunnel syndrome bilaterally
    c. Probable rotator cuff tear/tendinitis left shoulder
    d. Right ankle contracture with bilateral foot drop
    e. Left heal stage III decubitus
    f. Ventral hernia
    g. Dupuytren's contracture bilateral hands

1

h. Weight gain

i. Situational depression and anxiety

j. Sleep disturbance

k. Chronic neuropathic musculoskeletal myofascial pain

l. High fall risk

m. Impaired mobility and ADL status

n. Impaired avocational status

Past Medical History of:

o. Diabetes mellitus

p. Left shoulder pain

q. GERD

r. Hypertension

s. Dyslipidemia

MEDICAL FOLLOW UP:

1.	PM&R/Pain Specialist:	4 times per year
2.	Internal Medicine/ Primary Care:	2-4 times per year additional
3.	Orthopedics:	5-10 in lifetime
4.	Plastic/Hand Surgery:	5-10 in lifetime
5.	Psychologist/Psychiatrist:	1 session per month for 3-6 months, then 0-8 times per year
6.	Podiatry:	6-12 times per year for 1 year, then 4-6 times per year
7.	Dietician:	1 time per year

PRELIMINARY REPORT- PRIVILEGED & CONFIDENTIAL
FOR MEDIATION/SETTLEMENT PURPOSES

MEDICATIONS: See list of current medications

THERAPIES:

1. Physical Therapy: 12-24 times per year for 1-2 years, then 6-12 times per year on average
2. Occupational Therapy: 0-6 times per year
3. Pool Program: 3 times per week when wound healed, or in 6 months
4. Massage Therapy: 6-12 times year
5. Acupuncture Therapy: 2 times per month
6. Wound Clinic: 2 times per week for 3-6 months, then 0-8 times per year

EMERGENCY ROOM VISITS:

0-1 times per year

PROCEDURES:

1.	Carpal Tunnel Release:		1-2 in lifetime
2.	Injections/ Trigger Point Injections:	Joint	4-8 in lifetime
3.		Arthroscopies:	0-1 in lifetime left glenohumeral joint (needs MRI)
4.		X-rays:	0-2 per year of the spine or shoulders or feet
5.		MRI:	Now left shoulder, then 1-3 in lifetime of the spine or shoulders

3

			or feet
6.		EMG:	1-3 in lifetime of the bilateral upper extremities and bilateral lower extremities
7.	Bilateral LE's:	US/Doppler	0-2 in lifetime

EQUIPMENT:

1.	Electric Wheelchair or Scooter:	Now
2.	Manual Wheelchair:	Now
3.	Wheelchair Cushion:	Now
4.	Sliding Board:	In 5-10 years
5.	Hoyer Lift:	Last 1-3 years of life
6.	Reacher:	Now
7.	Tempurpedic/Sleep Number/Adjustable Bed:	Now
8.	Bilateral Custom AFO Orthotics:	Now – bilateral heel protector boots for night use now
9.	Bathroom Supplies:	Now - shower hose, shower bench, grab bars
10.	Single Point Cane:	Now
11.	4-Wheeled Walker w Seat:	Now
12.	Abdominal Binder:	Now (2 pairs)

ATTENDANT/CHORE SERVICES NEEDS: 4-6 hours per day now

Increase to 6-8 hours per day in 5-10 years

Increase to 8-12 hours per day in 10-15 years

Increase to 12-24 hours per day in 15-20 years

HOME MAINTENANCE: 2-4 hours per month

CASE MANAGEMENT: 4-8 hours per year

PHYSICAL RESTRICTIONS:

- No climbing
- No higher balance activities
- No repetitive bending or twisting
- No repetitive pushing, pulling or reaching
- No repetitive use of the bilateral upper extremities
- No crawling or kneeling
- No lifting over 3 lbs
- Frequent change in position
- Ability to stretch every 30 minutes
- No standing without supervision
- No walking without supervision

HOME MODIFICATIONS: Wheelchair accessible home in 5-10 years

LIFE EXPECTANCY: Normal

TABLES OF FUTURE NEEDS

The following tables are based on the information obtained from Dr. Barchuk regarding Ms. Farris's needs. I have done the necessary research into the usual, reasonable and customary charges for these items in Las Vegas, Nevada, where Ms. Farris lives. Explanations are in the tables.

Ms. Farris has a life expectancy of 29.0 years, according to the National Vital Statistics Reports[24], Vol. 66, No. 4, August 14, 2017, for a female between the ages of 55 to 56 years.

Medical Care				
Description	**Cost per unit**	**Frequency**	**Annual cost**	**Lifetime Cost**
PM&R Specialist: CPT 99213	$154.77	4x per year	$619.08	$17,953.32
Internal Medicine/Primary Care: CPT 99213	$154.77	2-4x per year additional	$464.31	$13,464.99
Orthopaedics: CPT 99214	$226.13	5-10x in lifetime	N/A	$1,695.98
Podiatry: CPT 99214	$226.13	6-12x per year for 1 year then 4-6x per year	$2,035.17 Year 1 $1,130.65 Year 2-LE	$2,035.17 $31,658.20
Psychologist/Psychiatrist Evaluation: CPT 90791	$255.27	Annually	$255.27	$7,402.83
Psychologist/Psychiatrist CPT 90837	$193.97	1x per month for 3-6 months(4.5x); then 0-8x per year (4x)	$872.87 Year 1 $775.88 Year 2 -LE	$872.87 $21,724.64
Plastic Surgeon Visit CPT 99214	$226.13	5-10x in lifetime	N/A	$1,695.98
Total				**$98,503.98**
Sources:				

[24] Arias, E., Heron, M., & Xu, J. United States Life Tables, 2014. National Vital Statistics Reports, 66(4): https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_04.pdf

Medical Fees 2018 75th percentile adjusted to Las Vegas, NV (x1.005)

Allied Health				
Description	**Cost per unit**	**Frequency**	**Annual cost**	**Lifetime Cost**
Dietician: CPT 97802	$281.40	1x per year	$281.40	$8,160.60
Physical Therapy Evaluation CPT 97163	$227.13	Annually	$227.13	$6,586.77
Physical Therapy CPT 97110	$281.40	12-24x per year for 1-2 years (27x); then 6-12x per year on average (9x)	$2,532.60	$7,597.80 Year 1-2 $68,380.20 Year 2-LE
Occupational Therapy Evaluation: CPT 97167	$252.26	Annually	$252.26	$7,315.54
Occupational Therapy CPT 97530	$281.40	0-6x per year	$844.20	$24,481.80
Pool Program (physical therapy aid) CPT 97113 30 min	$152.76	3x per week once wound heals or in 6 months, for her lifetime	$23,830.56	$679,170.96
Massage Therapy CPT 97124 (15min)	$176.88	6-12x per year	$1,591.92	$46,165.68
Acupuncture Therapy CPT 97810 (15min) $94.47 97811 (each additional 15 min) $77.39	$326.64	2x per month	$7,839.36	$227,341.44
Wound Clinic CPR 99213 $154.77 + CPT 97602 $94.47	$249.24	2x per week for 3-6 months (36x); then 0-8x per year	N/A	$8,972.64
			$996.96 Year 2 - LE	$27,914.88
Total			**$38,396.39**	**$1,112,088.31**
Sources:				
Medical Fees 2018 75th percentile adjusted to Las Vegas, NV (x1.005)				

Complications

Description	Cost per unit	Frequency	Annual cost	Lifetime Cost
Emergency Room Visit CPT 99283	$1,646.33	0-1x per year	$823.17	$23,871.93
Physician	$516.57	0-1x per year	$258.29	$7,490.27
Total				**$31,362.20**
Sources:				
American Hospital Directory – Sunrise Hospital & Medical Center $2,073, University Medical Center $1,437.00, Summerlin Hospital Medical Center $1,429.00				

Diagnostics				
Description	**Cost per unit**	**Frequency**	**Annual cost**	**Lifetime Cost**
X-Ray of Spine, Shoulder or Feet	$228.14	0-2 per year	$228.14	$6,616.06
MRI of Left Shoulder CPT 73221	$2,132.61	Once	N/A	$2,132.61
MRI of Spine or Shoulders	$2,173.32	1-3 in lifetime	N/A	$4,346.64
EMG of the bilateral upper extremities and bilateral lower extremities: CPT 95864	$4,726.52	1-3 in lifetime	N/A	$9,453.04
Ultrasound/Doppler of bilateral lower extremities: CPT 93925	$773.85	0-2 in lifetime	N/A	$773.85
Total				**$23,322.20**
Sources:				
Medical Fees 2018 75th percentile adjusted to Las Vegas, NV (x1.005) X-Ray of Spine CPT 72100 $192.96, Shoulder CPT 73030 $169.85 OR feet CPT 73630 $160.80 (x2) – Avg. $228.14 MRI – Spine CPT 72148 $2,214.02 OR Shoulders CPT 73221 $2,132.61 = Avg. $2,173.32				

Procedures				
Description	**Cost per unit**	**Frequency**	**Annual cost**	**Lifetime Cost**

Trigger Point Injections				
Trigger Point Injections	$342.71	4-8 in lifetime	N/A	$2,056.26
Arthroscopies				
Physician Visit CPT 99214 for preoperative testing	$226.13	0-1x in lifetime	N/A	$113.07
Orthopedic Surgeon Visit. Required pre-operative visit prior to surgery : CPT 99214	$226.13	0-1x in lifetime	N/A	$113.07
Pre-Operative X-Ray Wrist CPT 73030 (includes reading fee)	$185.93	0-1x in lifetime	N/A	$92.97
MRI – Shoulder CPT 73221	$2,132.61	0-1x in lifetime	N/A	$1,066.31
Pre-Op Testing	$332.66	0-1x in lifetime	N/A	$166.33
Facility: *outpatient*	$21,403.64	0-1x in lifetime	N/A	$10,701.82
Arthroscopies of left Glenohumeral joint CPT 29823	$3,654.18	0-1x in lifetime	N/A	$1,827.09
Assistant Surgeon Fee 20%	$730.84	0-1x in lifetime	N/A	$365.42
Anesthesia	$3,001.05	0-1x in lifetime	N/A	$1,500.53
Total				**$15,946.61**
Carpal Tunnel Release				
Physician Visit CPT Code 99214 for preoperative testing	$226.13	1-2x in lifetime	N/A	$339.20
Orthopedic Surgeon Visit. Required pre-operative visit prior to surgery: CPT 99214	$226.13	1-2x in lifetime	N/A	$339.20
Pre-Operative X-Ray Wrist CPT 73100 (includes reading fee)	$141.71	1-2x in lifetime	N/A	$212.57

Pre-Op Testing	$332.66	1-2x in lifetime	N/A	$498.99
Facility: *outpatient* CPT 64721 + 29848	$25,877.09	1-2x in lifetime	N/A	$38,815.64
Surgeon Fee CPT 64721 + 29848	$6,107.39	1-2x in lifetime	N/A	$9,161.09
Assistant Surgeon Fee 20%	$1,221.48	1-2x in lifetime	N/A	$1,832.22
Anesthesia	$2,334.15	1-2x in lifetime	N/A	$3,501.23
Pre-Operative X-Ray Wrist CPT 73100 (includes reading fee)	$141.71	1-2x in lifetime	N/A	$212.57
Physical Therapy Evaluation CPT 97162	$188.94	1-2x in lifetime	N/A	$283.41
Physical Therapy 97530 11 sessions @ $281.40	$3,095.40	1-2x in lifetime	N/A	$4,643.10
Post-operative Norco for pain	$88.67	1-2x in lifetime	N/A	$133.01
Total				**$59,972.23**
Total Procedures Cost $77,975.10				

Sources:

Trigger Point Injections – CPT 20552 $187.94 + CPT 99213 $154.77

Medical Fees 2018 – 75th percentile adjusted to Las Vegas, NV (x1.005)
Facility: VA Reasonable Charges – outpatient facility – adjusted to Las Vegas, NV (x1.59)
Surgeon Fee:
CPT 64721 Neuroplasty and/or transposition; median nerve at carpal tunnel $2,780.84
CPT 29848 Endoscopy, wrist, surgical, with release of transverse carpal ligament $3,326.55

Pre-Op Testing

Med Fees 2018	
CBC 85025	$44.22
CMP 80053	$73.37
Draw Fee 36415	$20.10
ECG 93000	$86.43
Chest X-Ray 71045	$108.54
Total	$332.66

www.goodrx.com

Norco 120 tab – Safeway $80, Albertsons $90, Smith's $96

Home Care:				
Description	**Cost per unit**	**Frequency**	**Annual cost**	**Lifetime Cost**
Companion Care (Attendant/chore service needs)	$21.50 per hour	4-6 hours per day; increase to 6-8 hours per day in 5-10 years	$39,237.50 per year Year 1-7.5	$294,281.25
			$54,932.50 per year Year 7.5 to LE (21.5 years)	$1,181,048.70
Home Maintenance	$65.77 per hour	2-4 hours per month	$2,367.72	$68,663.88
Case Management	$105.00 per hour	4-8 hour per year	$630.00	$18,270.00
Total				**$1,562,263.83**
Sources:				
Visiting Angels – spoke to Susan. Hourly rate is $24.00 per hour on weekdays and $25 per hour on weekends. True Care 24 $16-$24. Advanced Personal Care Solutions – spoke to Donna - $20 per hour for companion care. www.promatcher.com $60.52 - $71.02 per hour Case manager: Case manager Genex Case Management**:** They provide services nationwide. Case management ranges from $80.00 to $130.00 per hour based on severity of case				

Equipment				
Description	**Cost per unit**	**Frequency**	**Annual cost**	**Lifetime Cost**
Electric Wheelchair or Scooter	$1,678.17	Every 7 years	N/A	$6,712.68
Manual Wheelchair	$179.75	Every 7 years	N/A	$719.00
Wheelchair Cushion	$31.29	Every 2 years	N/A	$469.35
Sliding Board	$26.61	Once In 5-10 years	N/A	$26.61
Hoyer Lift	$1,487.33	Once (in last 1-3	N/A	$1,487.33

		years of life)		
Hoyer Lift Slings (x2)	$78.95	Once	N/A	$157.90
Reacher	$11.56	Every 5 years	N/A	$69.36
Tempur-Pedic/Sleep Number $2,332.33/ Adjustable Bed $1,264.99	$3,597.32	Every 10 years	N/A	$10,791.96
Shower Head	$25.19	Every 5 years	N/A	$151.14
Shower Bench	$56.08	Every 5 years	N/A	$336.48
Grab Bars	$14.66	Every 5 years	N/A	$87.96
Single Point Cane	$14.81	Every 5 years	N/A	$88.86
4 Wheeled Walker	$65.83	Every 5 years	N/A	$394.98
Abdominal Binder (2 pairs @ $33.05 ea.)	$66.10	Every 2 years	N/A	$991.50
Bilateral custom fit AFO per Dr. Barchuk	$66.30 (x2)	Every 3-4 years (8x)	N/A	$1,060.80
PRAFO for night-time use: Nursing Recommendation	$236.30	Every 3-4 years (8x)	N/A	$1,890.40
Accessible van (conversion costs)	$22,240.00	Every 7 years (4x)	N/A	$88,960.00
Portable ramps	$100.85	Every 7 years	N/A	$403.40
Total				**$114,799.71**
Sources:				
Electric Wheelchair - Amazon.com $1,800.99, Walmart $1,799.00, 1800wheelchair.com $1,499.00 = Avg. $1,699.66 Scooter – Amazon.com $1,299.00, Walmart $1,824.00, 1800wheelchair.com $1,549.00 Avg. $1,557.33 Manual Wheelchair – Amazon.com $194.93, Allegro Medical $222.83, Walmart $121.49 Wheelchair cushion – Amazon.com $34.97, Walmart $15.51, Allegro Medical $43.39 Transfer Board - Amazon.com $23.79, Walmart $23.79, Allegro Medical $32.25 Tempur-Pedic Mattress – Amazon.com $2,599.00, tempurpedic.com $2,799.00, sleepnumber.com $1,599.00 Adjustable Bed - Amazon.com $899.99, Casper.com $1,195.00, sleepnumber.com $1,699.99 Hoyer Lift - Amazon.com $1,399.00, Walmart $1,399.00, Allegro Medical $1,664 Reacher - Amazon.com $15.38, Walmart $9.99, Allegro Medical $9.30				

Shower Head - Amazon.com $24.99, Walmart $24.82, Allegro Medical $25.76
Grab Bars - Amazon.com $17.99, Walmart $16.70, Allegro Medical $15.58
Shower Bench - Amazon.com $50.99, Walmart $69.99, Allegro Medical $47.27
Cane - Amazon.com $15.80, Walmart $14.94, Allegro Medical $13.69
4-Wheel walker - Amazon.com $54.99, Walmart $64.99, Allegro Medical $77.50
Abdominal Binder $ $34.88, Walmart $52.80, Allegro Medical $11.47
Adaptive Van:
Ability Center – Monique – Conversions can run from $23-$30 plus the cost of van.
AMS Vans spoke to Tamara Holland- Conversion costs are $17,980 for lowered floor, power ramp and removable front passenger seat.
Customized AFO – Rehabmart.com $96.16, Walmart $67.75, Amazon $34.99
PRAFO - www.mmarmedical.com $121.00, Rehabmart $301.29, VA Reasonable Charges $286.60
Portable Ramps – Walmart $59.99,Amazon $152.57, Discount Ramps $89.99

Home Modifications				
Description	**Cost per unit**	**Frequency**	**Annual cost**	**Lifetime Cost**
Wheelchair Accessible home in 5-10 years	$81,080.00	Once	N/A	$81,080.00
Total				**$81,080.00**
Sources:				
VA reasonable Charges 2018 https://www.benefits.va.gov/homeloans/adaptedhousing.asp				

Total Lifetime Costs	
CATEGORY	**LIFETIME CHARGES**
Medical Care	$98,503.98
Allied Health	$1,112,088.31
Complications	$31,362.20
Diagnostics	$23,322.20
Procedures	$77,975.10
Home Care	$1,562,263.83
Equipment	$114,799.71
Home Modifications	$81,080.00
Total:	**$3,101,395.33**

RESOURCES FOR COST ANALYSIS

Medical Fees 2018: The fees are based on an analysis of over 1 billion actual claims submitted to third party payers. Practice Management Information Corporation[25]: http://pmiconline.stores.yahoo.net/mefe20.html

Replacement intervals:
http://www.flcpr.org/Documents/Marini_Harper_JLCP_4_173-182.pdf

The American Hospital Directory® provides data and statistics about more than 7,000 hospitals nationwide. AHD.com® hospital information includes both public and private sources such as Medicare claims data, hospital cost reports, and commercial licensors. AHD® is not affiliated with the American Hospital Association (AHA) and is not a source for AHA Data. Our data are evidence-based and derived from the most definitive sources. https://ahd.com/

[25] Davis, J. (2017). Practice Management Information Corporation (PMIC): Medical Fees 2018

Emergency Room Costs – May 2, 2018 – American Hospital Directory

CPT 99283 - Emergency dept visit

290007 - University Medical Center

Total Payment	Number Patient Claims	Units of Service	Average Charge per Unit	Average Cost per Unit	Average Payment per Unit	National Average Charge
$340,446	1,604	1,605	$1,437	$218	$212	$930

Hospital OPPS Identifiable Data Set, 12-month ending 12/31/2016.

CPT 99283 - Emergency dept visit

290041 - Summerlin Hospital Medical Center

Total Payment	Number Patient Claims	Units of Service	Average Charge per Unit	Average Cost per Unit	Average Payment per Unit	National Average Charge
$150,473	705	705	$1,429	$163	$213	$930

Hospital OPPS Identifiable Data Set, 12-month ending 12/31/2016.

Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use.

CPT 99283 - Emergency dept visit

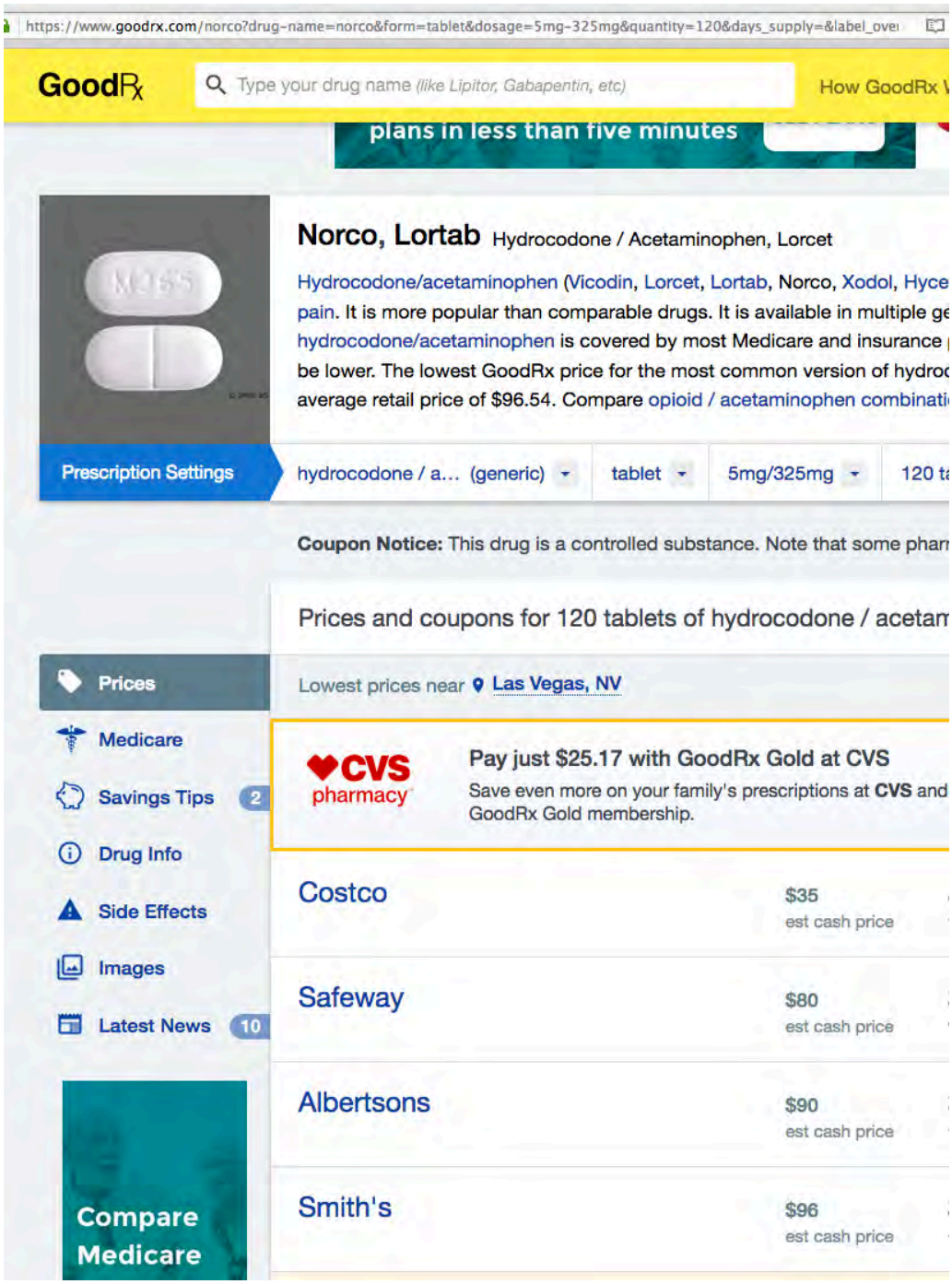
290003 - Sunrise Hospital & Medical Center

Total Payment	Number Patient Claims	Units of Service	Average Charge per Unit	Average Cost per Unit	Average Payment per Unit	National Average Charge
$588,331	2,785	2,789	$2,073	$223	$211	$930

Hospital OPPS Identifiable Data Set, 12-month ending 12/31/2016.

Outpatient Facility – VA Reasonable Charges

64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE				$8,782.12	APC
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE				$13,461.41	APC
29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM				$7,492.78	APC


https://www.goodrx.com/norco?drug-name=norco&form=tablet&dosage=5mg-325mg&quantity=120&days_supply=&label_ove
GoodRx
Type your drug name (like Lipitor, Gabapentin, etc)
How GoodRx
plans in less than five minutes
Norco, Lortab Hydrocodone / Acetaminophen, Lorcet
Hydrocodone/acetaminophen (Vicodin, Lorcet, Lortab, Norco, Xodol, Hyce
pain. It is more popular than comparable drugs. It is available in multiple ge
hydrocodone/acetaminophen is covered by most Medicare and insurance
be lower. The lowest GoodRx price for the most common version of hydroc
average retail price of $96.54. Compare opioid / acetaminophen combinati
Prescription Settings
hydrocodone / a... (generic)
tablet
5mg/325mg
120 t
Coupon Notice: This drug is a controlled substance. Note that some phar
Prices and coupons for 120 tablets of hydrocodone / acetar
Prices
Medicare
Savings Tips 2
Drug Info
Side Effects
Images
Latest News 10
Lowest prices near Las Vegas, NV
CVS pharmacy
Pay just $25.17 with GoodRx Gold at CVS
Save even more on your family's prescriptions at CVS and
GoodRx Gold membership.
Costco
$35
est cash price
Safeway
$80
est cash price
Albertsons
$90
est cash price
Smith's
$96
est cash price
Compare Medicare

Equipment Costs obtained May 4, 2018