

Proving Injuries in a Personal Injury Case

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Presented By: M. Clay Martin

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This presentation is intended to provide you with some basic advice and forms to assist in the development of a plaintiff's injury claims in a personal injury case. Plaintiff's personal injury law is a very broad field covering many areas including, but not limited to, workers compensation, motor vehicle accidents, premises liability claims, products liability claims, medical malpractice, and dangerous prescription medications. Also, there are multiple different types of injuries which clients may suffer in a personal injury case. The suggestions herein are generic in nature as opposed to case or injury specific. So please note that some suggestions and examples provided within this paper or during the Lunch & Learn presentation may not be applicable to proving injuries in every case.

TIPS FOR DOCUMENTING YOUR CLIENT'S INJURIES AND DAMAGES

Documenting the Physical Injuries

The client's medical records are the foundation of his/her damages and often make or break establishing the causal link between the accident and the injuries claimed.

Without supportive medical records your ability to settle the case with an insurance adjuster pre-suit is severely limited, and your damages and causation evidence at trial will be lacking. When evaluating a personal injury case you must determine early in the representation:

- (1) what medical records exist to support your client's claimed injuries and damages;
- (2) what records will likely be generated in the process of your client seeking and receiving additional medical treatment, including follow-up office visits, MRIs and CT-Scans, physical therapy and other therapy sessions, chiropractic treatment, surgical procedures, and other forms of medical care that your client may undergo; and
- (3) what medical records exist concerning medical care that is not related to the personal injury at issue - records that may provide the defense with evidence of pre-existing conditions or alternative causation for the injuries and damages claimed.

Tips For Conducting The Initial Client Interview

Be sure to remember that it is best practice to do more listening than talking during the initial interview, as the client is meeting with you in the first place so that he/she can tell you his/her story. Also, you might miss something very important if you do all the talking.

During the initial client interview make sure you understand what treatment your client has received to date by obtaining the name and address of the health care provider, the dates of treatment, the reason for treatment, and, if applicable, the provider's area of specialty. Identify and discuss what additional treatment your client plans to receive and calendar periodic reminders to follow up with additional medical records requests.

Identify and discuss all pre-existing conditions, whether related to previous accidents, chronic medical conditions, previous surgeries, etc. The following are typical examples: (a) orthopedic/sports related injuries such as joint replacements, arthroscopic surgery, back and neck surgery, steroid injections, physical therapy, etc.; (b) chronic medical conditions such as arthritis, fibromyalgia, cancer, high blood pressure (hypertension), high cholesterol, diabetes, anxiety disorders/panic attacks, depression, kidney or other organ problems requiring treatments such as dialysis, and any other health problems requiring medications and/or regular medical treatment; (c) vision disorders or surgeries; (d) complications during labor and delivery; (e) head injuries such as concussions or any event resulting in loss of consciousness; (f) chronic headaches such as migraines; (g) heart conditions, valve replacements, pacemaker or internal defibrillator placement; and (h) to be thorough, ask for a list of specialists the client has seen, such as orthopedics, cardiology, rheumatology, ophthalmology, etc.

Prepare a standard medical records request form that is HIPAA compliant and have your client sign the form during the initial interview. Make sure the form includes the client's full name, date of birth, and Social Security Number. (See example letter at Exhibit A.)

Identify all sources of payment for medical care, whether it is the client's own private health insurance (e.g., Blue Cross Blue Shield), governmental benefits (e.g., Medicaid and Medicare), car insurance or medical payments coverage insurance, out of pocket payments by the client, or non-payment that will result in a lien or collection proceedings against your client.

In cases of non-payment, discuss the client's plans to set up payments for past due bills, determine whether or not a letter of protection is appropriate, identify medical/hospital liens that are likely to exist, and keep all of this information in a Subrogation and Lien file for the client. This information is critical to your ability to resolve the case.

Develop and use a Client Intake Form or Checklist to make sure you collect all the pertinent medical related data in a consistent and organized fashion. (See example form at Exhibit B.)

Why careful examination of background medical information is vital:

One of the first things you do when you sign up a personal injury case is get a medical authorization signed and order medical records. Gathering a detailed medical history and ordering medical records can help you avoid certain pitfalls later in the case. This is especially true in personal injury cases, where the plaintiff's injuries boil down to an exacerbation/aggravation of a pre-existing condition. When this is the case, the plaintiff's medical credibility with defense counsel and treating physicians must be carefully maintained.

Example pitfall:

Q: Mr. Smith, prior to your accident, had you ever reported back pain to your family doctor? (Defense lawyer asks while looking at medical records you don't have).

A: No. Never.

Really! Is that accurate? Perhaps your client slipped on ice 10 years ago and had a muscle strain and simply forgot about it. Or worse, had an MRI or some chiropractic treatment that was not disclosed. Well, it's too late. Unfortunately, your client's credibility has been needlessly damaged.

How to avoid this pitfall:

Steps to take pre-suit:

1. Step One – Obtain a full medical history. Family doctors, chiropractors, and pharmacies for AT LEAST the last 10 years. Mirror the anticipated interrogatory questions from the defense.
2. Step Two – Request (at least) the last 10 years medical records from the plaintiff's family physician. Don't get burned by just requesting medical records from the date of the accident forward, or worse, by not requesting them at all. Be sure to get the medical history forms. Most every single physician requires the completion of a medical history form.
3. Step Three – ALWAYS request pharmacy records to look for any history of pain medication or narcotics prescriptions. Look for any medications that the Plaintiff might have been taking at the time of his/her injury.
4. Step Four – Where appropriate, request employment information.

Employment files are full of pertinent information such as DOT physicals, previous work-related injuries, records of absenteeism.

Analyzing the Records

Perhaps the most important tip in terms of analyzing medical records is to analyze the records yourself.

While it is perfectly reasonable and efficient to delegate the ordering and organization of records to a competent paralegal or assistant, delegating the analysis of the records is usually a mistake. It is the process of analysis that the practitioner has the greatest opportunity to master the medical facts and issues underlying the claim. If you ask someone else to do this work for you, hoping you will eventually find the time to come back and learn the material, you are really just asking for trouble.

Effective Use of a Working Copy

In order to maximize your mastery of the medical records it is wise to create a set of medical records for use as a working copy. These records are yours to mark up, highlight, write questions and notes in the margins, tab important pages, etc. Place this set into a binder or trial notebook to bring to depositions, witness interviews, and trial.

Without a set of records at your disposal during the litigation process you will be unable to take advantage of your knowledge of the records.

Tools For Analyzing Medical Records and Other Medical Materials

Internet Resources: When it comes to quick reference and fast learning, the internet has a multitude of reliable resources for the lawyer analyzing a medical chart. Sites under the control of such prestigious institutions as the Mayo Clinic are a mouse click away. You can also find good online medical dictionaries, medical journals, medical illustrations, drug interaction databases, drug warning and labeling information, and many other useful materials and websites. You Tube: Ever seen a live vertical gastric sleeve surgery? Check it out on You Tube. Video resources can be invaluable learning resources for the lawyer trying to understand procedures discussed and documented in a patient's medical chart.

Compact Medical Dictionary: You can find a good medical dictionary at any bookstore chain. Go for one about the size of the average paperback novel. Buying anything larger will look great on the bookshelf but is not very practical for bringing to depositions and trial.

Anatomy Books and Charts: You should also locate a good anatomy book. Bookstores also often sell single page, laminated charts with the anatomy of major parts of the body (e.g., the circulatory system, the nervous systems, the brain, etc.) and keys to certain medical terminology and abbreviations.

Computer Software: Most office computer packages contain software useful for analyzing

and summarizing medical records. First, organize and Bates number the chart, then use a basic spreadsheet (e.g., Microsoft Excel) with key topics such as Bates Page #, Document Type, Author, Date, Summary, Attorney Notes, Deposition Questions, etc.

Radiology View Box: A good, portable view box can be a great tool in the office and at depositions and trials with x rays, CT scans, and other radiology materials are at issue. These devices are relatively inexpensive and easy to transport. Having a good view box on hand at the right time will assist the witness.

The goal of analyzing the medical records is to know the chart better than anyone else on the case, including the treating physicians and nurses themselves. If you can quickly and confidently locate the relevant sections of the medical records with ease, and ask intelligent questions concerning the terminology and procedures in the records, you will cause your opponents concern and gain the respect of the medical witnesses. The single most important factor in learning the chart in this manner is time. If you fail to allow yourself adequate time to go over the records and summarize them in an efficient manner, you will not be able to master the records.

Obtaining Pre-Deposition Expert Medical Opinions

If your client has substantial physical injuries which you believe to be permanent in nature, it is best, if possible, to obtain an opinion letter or a video statement from the primary physician who has treated the client for the claimed injuries. Also, if possible, you should meet with the physician prior to obtaining a letter from him/her. With any physician letter, you should seek to have the doctor relate your client's injuries to the accident/incident to a reasonable medical probability and to provide you with a prognosis for her future medical needs. See an example request for a physician opinion letter at Exhibit C and an example physician's opinion letter at Exhibit D. If your case goes to trial, you will have to take the deposition of the physician to obtain the required expert testimony concerning medical causation and the degree of any physical limitations suffered by your client as well as the need for future medical care.

PRESENTING THE PRE-SUIT CLAIM TO THE INSURANCE COMPANY

After you have conducted a thorough investigation concerning liability and obtained the necessary documentation to show the extent of your client's physical injuries, both past and present, and lost wages, both past and present, your case is ripe to present a settlement demand letter to the applicable insurance carriers. Any settlement demand letter to an insurance company should contain a brief overview of how the incident at issue occurred and how it injured your client.

In discussing your client's injuries, you should provide a summary outline of the medical treatment which he/she has received and describe how these injuries have affected his/her day to day life. The medical summary should be supported by attached medical documentation which should include medical records, copies of x-rays or medical illustrations, if appropriate in your case, and any physician letters. A settlement demand letter to the insurance company should also include all medical bills related to the treatment which your client has received. Lost wage claims should also be presented in the settlement demand letter with supporting documents.

POST SUIT – GATHERING THE NECESSARY EVIDENCE FOR TRIAL

Testimony of treating physicians

In most circumstances, live testimony at trial is more effective than presenting testimony via video deposition. So, if your case merits the expense and you have physicians who are willing and able to provide effective live testimony, you should strongly consider calling physicians live as opposed to presenting the testimony via depositions. That said, in many personal injury cases you will either not have physicians who are willing to disrupt their practice by taking time off to testify live at trial or the injury/damages do not warrant the added cost of having the physician testify live at trial. The below suggestions for obtaining testimony of treating physicians are related to depositions; however, several of the suggestions would also apply in the event you call the physician live at trial.

- **Know your clients medical file** – as stated above, it is extremely important that you thoroughly know both your client’s pre-accident and post-accident medical history. Also, be sure to obtain and thoroughly review in advance of the physician’s deposition, any medical records received by the opposing side via Rule 45 subpoenas.
- **Always do an outline or checklist** – physician depositions are almost always both essential to proving your client’s personal injury claim and costly. Therefore, you cannot afford to screw it up. An outline or checklist will help you stay on track during the physician’s deposition and will provide you with a guide to help ensure that you have obtained the necessary testimony. Regardless of your years of experience, it is always best practice to have an outline or checklist to keep you on track while obtaining the testimony of the treating physician.
- **Video the deposition** – in most all cases the physician’s testimony presents better at trial via video deposition as opposed to reading in the testimony.
- **Use films or medical illustrations to explain injuries and procedures** – physician testimony can be boring – especially if the physician simply reads from the medical chart. Medical illustrations and imaging films help the physician to explain the nature of your client’s injuries as well as the medical procedures/surgeries he/she performed. Also, the physicians are generally more personable and better witnesses when using such exhibits to explain the injuries and treatment.
- **Exhibit checklist** – with any trial or deposition testimony outline, it is a good idea to always add an exhibit checklist at the end so that you can quickly scan such to make sure that you have not forgotten to cover or introduce an exhibit which you intended to cover with the witness. Of course, the need for an exhibit checklist also applies to the testimony of treating physicians. Below is a list of the types of exhibits which are oftentimes introduced through the treating physician.
 - **Medical records**
 - **Medical bills**
 - **Imaging films – X-rays, CT scans, and MRIs**

- **Medical illustrations**
- **Life care plan reports**
- **Functional capacity evaluation reports**
- **Assigned permanent impairment rating reports**

Other potential experts to prove the extent of injuries

- **Neuropsychologist** – if your client has suffered a brain injury, a neuropsychologist may be helpful in providing testimony relative to the nature of the brain injury and the short-term and long-term effects of the brain injury. Plaintiffs who have suffered mild traumatic brain injuries oftentimes look well, but are incapable of properly relaying the effects that such injuries have had on their lives. A combination of a neuropsychologist who has performed a battery of psychological testing and before and after lay witnesses will likely be the best way to show the jury through testimony how the mild traumatic brain injury has changed your client’s life.
- **Prosthetist** – if your client has suffered the loss of a limb and is either using or in need of a prosthetic device, a prosthetist can assist by providing you with expert testimony concerning the types of prosthetic devices which your client will likely need in his/her day-to-day activities. Also, if your client is active in sporting activities, the prosthetist can provide you with opinion testimony as to the latest developments in prosthetics to assist your client in his/her ability to engage in such sporting activities.
- **Certified Life Care Planner** – A certified life care planner may be a physician, nurse, rehabilitation specialist, etc. The certified life care planner is needed in cases which involve permanent injuries requiring ongoing medical treatment, assistive devices or other care services to project the specific types of care which your client will likely need in the future and the long-term costs of such care.
- **Economist** – An economist expert is necessary in any case in which you present the testimony of a life care planner or vocational expert to project the cost of future care needs or future lost wages. The role of the economist is to calculate and provide testimony relative to the present value of your client’s future damages.

Showing the effects of your client’s injuries through “before and after” witnesses

The testimony of “before and after” witnesses in a personal injury case may be as important, or more important, than the testimony of the client’s treating physician. If capable, the plaintiff will need to testify about the physical limitations he or she has suffered and the effects that such limitations have had on his/her life. However, since the plaintiff is obviously biased in the outcome of the case, it is always preferable to have witnesses who can testify about the plaintiff’s activities and lifestyle before suffering the injury and the changes that they have observed in the plaintiff’s activities and lifestyle since the injury. Examples of “before and after” witnesses whose testimony can oftentimes be helpful in showing the impact the

injuries have had on your client's life are:

- **Long-time family physicians**
- **Co-workers**
- **Friends**
- **Neighbors**
- **Pastor/Fellow Church Members**
- **School Teacher/Coaches**
- **Family**

Testimony of the Plaintiff

If possible, it is best to call the plaintiff to testify at the end of the plaintiff's case in chief. By the time the plaintiff has taken the stand, hopefully you have established through other witnesses the nature and extent of your client's injuries. Each case is different, however, so there is no one-size-fits-all rule as to the amount of testimony that you will need to obtain directly through the plaintiff. The following client instructions should be good, however, in most cases when preparing your plaintiff to testify:

- **Always tell the truth.**
- **Be polite regardless of the tone taken by defense counsel on cross-examination.**
- **Never express anger or argue with defense counsel.**
- **Pay close attention to every question asked.**
- **Do not exaggerate or over-play your injuries.**
- **Try to relay how you have done your best to get better and to cope with the injuries. (Generally, jurors are more willing to help plaintiffs who they believe are trying to help themselves.)**

Presenting the injury claim at post suit/pre-trial mediation

We have just discussed some of the evidence which will be needed to fully prove the plaintiff's personal injury claims at trial. As we are all aware, many cases today settle between the filing of a lawsuit and trial. Oftentimes, the parties in a personal injury case will agree to mediate the case in an effort of reaching a resolution short of trial. I will not attempt to cover mediation tactics as a whole in this paper. Instead, I point out a few suggestions in the event the case goes to mediation on how to best educate the opposing side's decision makers relative to the nature and extent of your client's personal injuries. Below are just a few suggestions of information to provide defense counsel, the adjuster or in-house counsel, and the mediator within a pre-mediation letter. Such letter should include supporting exhibits and cover your client's injuries, past medical treatment, future medical treatment care needs as well as the long-term effects and costs of the injuries to your client. Types of exhibits to attach to a pre-mediation letter include, but are not limited to:

- **Pertinent medical records**
- **Physician opinion letters**
- **Video excerpts of physician deposition testimony**
- **Video testimony of “before and after” witnesses** (whether provided through deposition or obtained by you as part of your investigation)
- **Medical illustrations**
- **Imaging scans showing the injury**
- **Video statements from physicians** (will primarily be used if mediation is in advance of taking a physician’s deposition testimony).
- **Day in the life-type video** – This type of video usually incorporates footage of the plaintiff and testimony of friends, co-workers, family and/or treating physicians. Such videos allow the decision makers on the opposing side to have an opportunity to see and hear from the plaintiff and “before and after” witnesses directly. If presented properly, day in the life-type videos can be effective.

Summary

As stated previously, this paper is generic in nature and not intended to be an in-depth account on how to prove your client’s injuries in every personal injury case. Hopefully though, there is something you can take out of this paper or the lunch-and-learn presentation which may be helpful to you in your practice. If not, you will at least have been provided with the lunch portion of the “Lunch & Learn”.

Exhibit A

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____
Health Records Number: _____ SSN: _____

1. I authorize the use or disclosure of the above-named individual's health information as described below:
2. The following individual or organization is authorized to make the disclosure:
Address: _____

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate):
 - problem list
 - medication list
 - list of allergies
 - billing records
 - most recent history and physical
 - most recent discharge summary
 - laboratory reports from (date) _____ to (date) _____
 - x-rays and imaging reports from (date) _____ to (date) _____
 - consultation reports from (doctors' name) _____
 - pharmacy records/bills
 - entire record**
 - other _____
4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. This information may be disclosed to and used by the following individual or organization:

For the purpose of: _____
6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been release in response to t his authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revokes, this authorization will expire on the following date, event, or condition: _____ . If I fail to specify an expiration date, event, or condition, this authorization will expire in six months.
7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact (HIM director, privacy officer, or other office or individual's name or contact information).

Signature of Patient or Legal Representative

Date

If Signed by Legal Representative, Relationship to Patient

Signature of Witness

Exhibit B

CLIENT INFORMATION SHEET

Name: _____ Home Phone Number: _____

Address: _____ Work Phone Number: _____

_____ Cell Phone Number: _____

Date of Birth: _____ Email: _____

Social Security No.: _____

If you are on any social media sites, please list: _____

Employer's Name/Address: _____

Job Title/Description: _____

Marital Status: _____ If married, list the following:

Spouse's Name: _____ Spouse's Employer: _____

Date of Injury: _____ Location of Injury or Accident: _____

Describe the type of injury you suffered: _____

Describe how the accident happened: _____

Have you ever injured this part of your body before? Yes: _____ No: _____

Was your injury work related? Yes: _____ No: _____

If you were involved in an automobile accident, please list the name(s) of the driver and passengers who were in the same automobile as you: _____

Do you have automobile insurance? Yes: _____ No: _____

If yes, please provide the name: _____ and number of vehicles insured: _____

Do you have health insurance? Yes: _____ No: _____ If yes, provide the name: _____

How did you find out about this law firm? _____

Have you spoken with another attorney(s) about this case? Yes: _____ No: _____

If yes, please list the attorney(s): _____

Have you ever been convicted of a crime? Yes: _____ No: _____

If yes, please describe: _____

Have you ever filed for bankruptcy? Yes: _____ No: _____ If so, when? _____

Treating Physicians and Hospitals for the past 10 years

1. Name: _____
Reason for Treatment: _____
Address: _____
Phone No.: _____

2. Name: _____
Reason for Treatment: _____
Address: _____
Phone No.: _____

3. Name: _____
Reason for Treatment: _____
Address: _____
Phone No.: _____

4. Name: _____
Reason for Treatment: _____
Address: _____
Phone No.: _____

5. Name: _____
Reason for Treatment: _____
Address: _____
Phone No.: _____

6. Name: _____
Reason for Treatment: _____
Address: _____
Phone No.: _____

7. Name: _____
Reason for Treatment: _____
Address: _____
Phone No.: _____

8. Name: _____
Reason for Treatment: _____
Address: _____
Phone No.: _____

Today's Date: _____

Client Signature

Exhibit C

February 17, 2015

Doctor
The Orthopaedic Center
927 Franklin Street
Huntsville, AL 35801

RE: Our Client: John Doe
Your Patient: John Doe
Date of Birth: 7/1/84
Date of Injury: 10/1/13

Dear Doctor:

This firm represents Mr. John Doe for claims related to injuries he received when he was struck by a car while riding his bicycle on October 1, 2013. We understand that you provided treatment to Mr. Doe for his injuries which included surgery at Huntsville Hospital on October 5, 2013. Currently we are in the process of trying to resolve Mr. Doe's claims with the automobile liability insurance carrier for the man who struck him on October 1, 2013. The purpose of our writing you at this time is to request your assistance by providing us with opinions/answers to the following questions:

1. Due to the communiton of the articular surface of Mr. Doe's left knee following the wreck on October 1, 2013, is he, in your opinion, at an increased risk for development of post-traumatic arthritis?
2. What, if any, treatment or care do you anticipate that Mr. Doe will most likely need in the future due to the nature of the injuries he suffered in the wreck on October 1, 2013?
3. As a result of the injury Mr. Doe suffered to his left knee on October 1, 2013, is

Doctor
February 16, 2015
Page 2

he now more likely to need total knee replacement surgery for the left knee in the future?

4. Are the opinions/answers which you provided to questions 1-3 above based on a reasonable degree of medical probability?

We, along with Mr. Doe, would very much appreciate your providing us with answers to the above questions. We will gladly reimburse you for your time.

Enclosed is an updated medical release executed by Mr. Doe. Should you have any questions or need any information from us, please give us a call.

Sincerely,

MARTIN & HELMS, P.C.

M. Clay Martin

MCM/mmr

Enclosure

Exhibit D

Ginger K. Bryant, MD
Trauma Surgery

Steven L. Buckley, MD
Pediatric Orthopaedics
General Orthopaedics

Michael W. Cantrell, MD
Knee & Shoulder Surgery
Sports Medicine

Brian R. Carter, MD
Spine (non Surgical)
Physical Medicine
Sports Medicine

Joseph W. Clark, MD
Hand and Upper Extremity
General Orthopaedics

Michael A. Cosgrove, MD
Pain Management
Spine (non surgical)

Stanton B. Davis, MD
Sports Medicine
Knee & Shoulder Surgery

Matthew J. DeOrio, MD
Foot & Ankle Surgery
Lower Extremity Reconstruction

Ray A. Fambrough, MD
Shoulder Surgery
Sports Medicine

Cyrus Ghavani, MD
Spine Surgery

W. Allen Goodson, MD
Joint Replacement
Knee & Shoulder Surgery

John J. Greco, MD
Sports Medicine
Knee & Shoulder Surgery

James T. Hughey, III DO
Knee & Shoulder Surgery
Sports Medicine

Michael G. Lawley, MD
Pediatric Orthopaedics
General Orthopaedics

Mark A. Leberte, MD
Trauma Surgery
General Orthopaedics

Craig E. Lincoln, MD
Spine (non surgical)
Physical Medicine

Su Madanagopal, MD
Trauma Surgery
Joint Reconstruction

Phillip A. Maddox, MD
Hand and Upper Extremity
Sports Medicine

Vandana M. Maladkar, MD
Spine (non surgical)
Physical Medicine



March 9, 2017

RE: [REDACTED]

DOB: [REDACTED]

To Whom It May Concern:

I had a meeting with Ms. Tara Helms from Martin and Helms Office. This is in regards to [REDACTED] future medical treatment. The patient is an established patient of mine, who is 52 years old and was seen initially for a motor vehicle accident where she had an injury with a right tibial plateau fracture, for which I did a reconstruction.

The patient subsequently was followed up in my office. I did recognize the patient as currently developing post traumatic arthritis of her knee, which is fairly affecting her activities of daily living. I recommended the patient to go through a total knee arthroplasty. I think the nature of the surgery, even though it is elective, the timing has to be done within a few months. The patient seemed to understand that.

The patient's post traumatic knee arthroplasty is definitely different from are regular knee arthroplasty, primarily because of the reasons that the patient has previous scarring, as well as additional implants which have to be removed, as well as bone loss which needs to be mitigated at the time of her procedure. During this additional aspect of the procedure, the patient may have additional risks of complications including wound complications and infection, as well as post traumatic stiffness and implant loosening.

The patient's total recovery time will also be prolonged, approximately up to six months. The patient would require physical therapy for at least a period of three months after the surgery. The patient will require home physical therapy or a home health aide approximately immediately two weeks after surgery.

Finally, the causation of the post traumatic arthritis is in direction relationship to the motor vehicle accident she had.

[REDACTED] total knee arthroplasty is a medically necessary procedure.

Sincerely,

[REDACTED]

M.D.

R. Allan Maples, MD
Trauma Surgery

Jeffrey W. McKee, DPM
Podiatry

Howard G. Miller, MD
Joint Replacement
Hand & Upper Extremity

Michael E. Miller, MD
Trauma Surgery

Sara Nadella, MD
Spine (non surgical)
Physical Medicine

Larry A. Parker, MD
Spine Surgery

F. Calame Sammons, MD
Spine Surgery

Brian M. Scholl, MD
Spine Surgery

Morris B. Seymour, MD
Spine Surgery

Thomas J. Thonasson, IV, MD
Trauma Surgery

Jeff F. Hamilton
Administrator

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927 Franklin Street
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TOC Crestwood
4810 Whitesport Cir., SW, Ste. 120
Huntsville, AL 35892
Phone (256) 704-0960

TOC Madison
8415 Wann Drive
Madison, AL 35758
Phone (256) 704-1210

TOC Scottsboro
104 Liberty Lane
Scottsboro, AL 35767
Phone (256) 574-4468

TOC Fayetteville
2330 Thornton Taylor Parkway
Suite B
Fayetteville, TN 37334
Phone (931) 438-8168

TOC Guntersville
38 Rowe Drive
Guntersville, AL 35976
Phone (256) 753-8501 - Area 5
Phone (256) 571-8501 - Guntersville

TOC Decatur
2505 Decatur Rd., Ste. 202
Decatur, AL 35603
Phone (256) 349-9449