

Prosthetic Rehabilitation – Important Considerations in Litigation

Toby Carlsson and David Morrison

HCPC Registered Prosthetists

22nd November 2019



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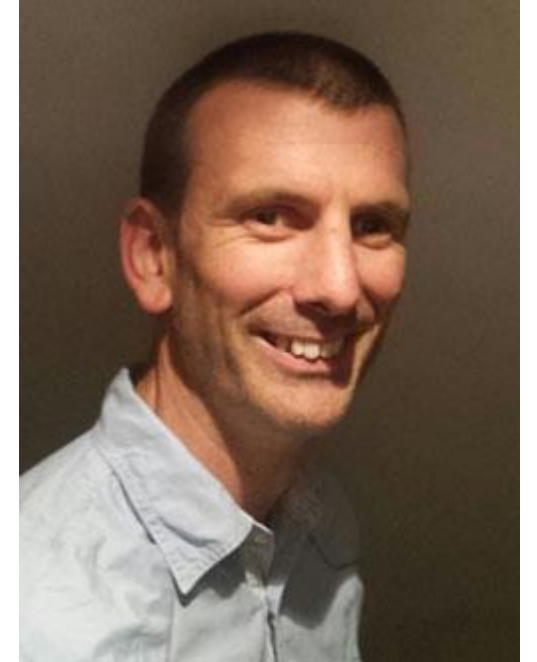


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Public Provision in Scotland

Introducing David:

- Extensive experience from England and Scotland
- Lead prosthetist at Westmarc
- Part of Specialist Prosthetics Service
- All round good egg



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Prosthetic Rehabilitation at Pace



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Caseload

General

- Elderly
- Dysvascular
- Diabetic
- Low mobility
- Sedate life
- “Cared for”



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Caseload

Pace

- Trauma
- Working age
- Co-morbidities
- Active
- “Caring for”
- Litigation pressures



NHS

- Elderly
- Dysvascular
- Low mobility
- Sedate life
- “Cared for”



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Scope of practice:

“1.1 The purpose of the personal injury claims process is to **restore the individual as much as possible to the position they were in before the accident.** The Code provides a framework for the claimant solicitor and compensator to work together to ensure that the claimant’s health, quality of life, independence and ability to work are restored before, or simultaneously with, the process of assessing compensation.”

2015 Rehabilitation Code



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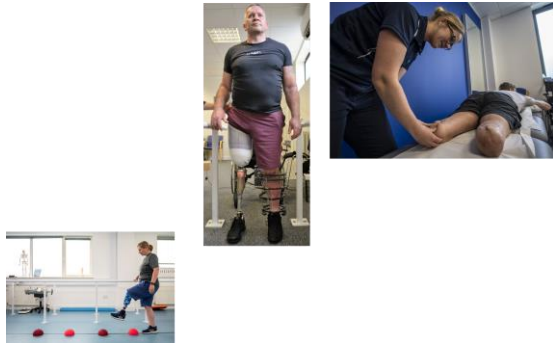


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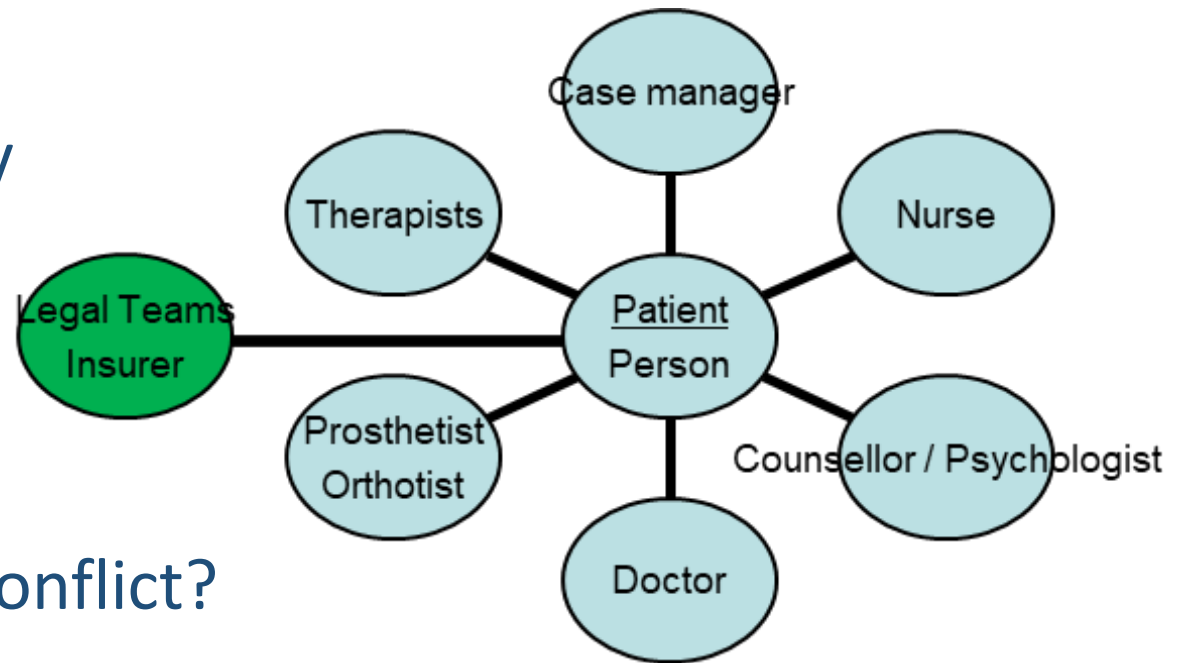


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Rehabilitation in litigation environment

Considerations

- Rehabilitation must be priority
- Lawyers can hinder or help!
- Facilitates funding-or not!
- Long term view needed
- Consider treatment v expert conflict?



Treatment v Expert conflict?

Important considerations:

- Separate documentation system with restricted access
- Experts and treating clinicians separate individuals
- Treatment first, expert later
- Experts must have sub specialism experience
- Decision lies with instructing party
- Treatment is much more fun!

Expert role

- “...duty to the court overrides any obligation...”
- “...all matters relevant to the issues...”
- “...true and complete professional opinion...”
- “...no conflict of interest of any kind...”



The Expert Dilemma

“There are known knowns. These are things we know that we know. There are known unknowns. That is to say, there are things that we know we don't know. But there are also unknown unknowns. There are things we don't know we don't know.”

Donald Rumsfeld on weapons of mass destruction, 2002



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Rumsfeld in prosthetics

Known knowns:

- The landscape changes quickly
- Research quality evidence is scarce and outdated by the time it is published
- All amputees are different
- Prosthetics can be very expensive
- Expert predictions are not always accurate



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Rumsfeld in prosthetics

Known unknowns:

- Without experience of use-No certainty of outcome



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Rumsfeld in prosthetics

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- Without experience of use-No certainty of outcome

So, experience using it!



Prosthetic trial principles

Record performance of default prosthesis

- Prosthesis currently in use or of “established” specification

Introduce component under investigation

- Produce trial prosthesis, optimize, practice and use

Establish outcome

- Compare and contrast objective and subjective outcome measures



Objective outcome measures:

- 2 minute walk test
- Timed up and go
- Gait analysis (force plate, video footage)



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Subjective outcome measures:

- Pain (Visual analogue scale)
- Confidence (ABC)
- Self perceived mobility (Plus-M)
- Quality of life impact (PEQ)
- General Feedback...



Rumsfeld in prosthetics

Unknown unknowns:

- A historical example



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Modular transfemoral prosthesis with silicone interface, flexible socket, Genium X3 knee and composite foot. Including turntable above the knee, and 6 year extended warranty.

Year 1 Cost of provision **£70,354.00**

Year 2 Approx maintenance costs £850.00

Year 3 Approx maintenance costs
Including socket renewal **£6,021.00**

Year 4 Approx maintenance costs £850.00

Year 5 Approx maintenance costs
Including socket renewal **£6,021.00**

Year 6 Approx maintenance costs £850.00

Cycle of provision start again at the end of year 6.



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Thank you



tcarlsson@pacerehab.com

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