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Introduction

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Although many rehabilitation professionals are familiar with life care planning, most are probably not aware of the rapid evolution of this applied discipline over the last decade. Life care planners entering this field have by necessity melded clinical and medicolegal expertise to optimize their role as important members of the rehabilitation team. Through both critical introspection as well as a need for more rigorous training and certification criteria, the field of life care planning is undergoing a positive evolutionary transition from art to science. This issue of 'NeuroRehabilitation' will explore the current field of life care planning from the perspective of those involved 'on the front lines'. It is my hope as editor of this issue that readers will develop a greater understanding of the role of the life care planner in both a clinical and forensic context. I also hope that such insight will facilitate each reader's future experiences with life care planners as well as promote their involvement as important members of the rehabilitation team.

The first article in this issue, 'Primer for the Rehabilitation Professional on the Life Care Planning Process', provides an overview of the role of the life care planner and delves into the specific components of the life care plan. Also, some of the current training and certification issues in the field of life care planning are reviewed. Patricia Iyer, R.N., M.S.N. and co-authors provide insights into the 'pain and suffering' report as an adjunct to the life care plan, as well as the role of the legal nurse consultant in personal

injury litigation. Robert Voogt, Ph.D., C.R.C. examines the various faces of quality of life following acquired brain injury and the manner in which the life care planner must take these into consideration when developing optimal long term living options. The next article, by Randall Evans, Ph.D., presents a novel perspective regarding the use of outcome data in life care planning in persons with acquired neurologic disability. He emphasizes the need for life care planners to develop more objective and reliable methodologies in the process of life care plan development. Roger Weed, Ph.D., outlines the utility of the RAPEL (Rehabilitation plan, Access to labor market, Placeability, Earnings capacity, Labor force participation) method for identifying instrumental details within the context of life care planning and litigation issues. The usefulness of this technique in facilitating settlement and education of the jury is also discussed. Last but not least, Michele Whitmore, CFP, provides us with a timely introduction to the area of economic valuation and forecasting, as well as needs analysis funding following catastrophic neurologic injury. She also describes for the readers how funding issues tie in with the life care planning process.

In conclusion, on behalf of the contributing authors and myself, I hope that this issue of 'NeuroRehabilitation' helps contribute to the collective understanding of the field of life care planning, and ultimately improves the quality of care for persons with acquired neurologic disability.