EXPERT OPINION DRAFT — LIFE CARE PLAN

# Expert Opinion Draft — Ellis v. Redline Equipment Co.

Catastrophic injury, T10 spinal cord injury · MR-2026-0902 · Prepared for physician review

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| PATIENT | Ellis, Noah T. (age 9 at time of injury) |
| CASE | Ellis v. Redline Equipment Co. |
| CASE NO. | MR-2026-0902 |
| REFERRING FIRM | Harrow & Voss Injury Law |
| DRAFT PREPARED FOR | L. Bramwell, MD — PM&R |

AI does the reading. You make the calls — always.

## Referral question

Counsel has asked for an opinion on the permanency of Noah Ellis's neurological deficits following his June 14, 2024 injury, and on his future medical, rehabilitative, and attendant-care needs to a reasonable degree of medical probability.

## History of injury

Noah, then age 9, sustained a T10 incomplete spinal cord injury on June 14, 2024, when a farm utility vehicle rolled onto him during a family property visit. He was transported to Meridian Children's Hospital, where imaging confirmed a T10 burst fracture with cord compression. He underwent posterior spinal fusion and decompression on June 15, 2024. His post-operative course included a five-day ICU stay for pain and respiratory monitoring, followed by transfer to the general pediatric floor on June 20, 2024.

He was discharged to Cascade Rehabilitation Institute on June 28, 2024, for inpatient rehabilitation, where he remained through August 9, 2024. Records from that admission document evolving bowel and bladder management, progression from mat-based training to wheelchair mobility, and initiation of a home exercise and stretching program to manage lower-extremity spasticity.

## Current status

Records through the most recent outpatient visit, dated April 2, 2026, document a stable T10 AIS-B classification: absent motor function below the level of injury with preserved sensation in the sacral segments. He mobilizes independently by manual wheelchair, requires intermittent catheterization performed by a caregiver, and continues an outpatient physical therapy program targeting upper-body strength and transfer independence.

## Past medical history

- T10 burst fracture with incomplete spinal cord injury (AIS-B), June 14, 2024
- Posterior spinal fusion T8–T12 with decompression, June 15, 2024
- Neurogenic bowel and bladder, managed by scheduled bowel program and intermittent catheterization
- Lower-extremity spasticity, managed with baclofen and a daily stretching program

- No pre-injury chronic medical conditions documented

## Discussion

A T10 AIS-B spinal cord injury at age 9 carries a permanent, non-recovering neurological deficit; the most recent examination, nearly two years post-injury, shows a stable rather than improving motor level, consistent with the expected natural history at this level and grade of injury. Wheelchair-based mobility will remain his primary means of ambulation for activities of daily living, though he may benefit from a standing frame or orthotic-assisted ambulation for therapeutic and bone-density purposes.

His neurogenic bowel and bladder will require lifelong management. As he transitions from caregiver-performed to self-performed catheterization over the coming years, ongoing urological follow-up will be needed to monitor for upper-tract changes common in this population. Spasticity management will likely require periodic medication adjustment and may warrant intrathecal baclofen therapy if oral dosing becomes insufficient as he grows.

Attendant care needs will shift over his lifespan. Through adolescence, he is expected to require several hours of daily caregiver assistance for bowel and bladder care, transfers, and dressing. As he develops independence with self-catheterization and transfer techniques, that need should decrease into early adulthood, with a probable increase again later in life as the cumulative mechanical strain of wheelchair propulsion on the shoulders becomes more limiting, a pattern well documented in adults living long-term with pediatric-onset spinal cord injury.

## Comments

The opinions above are offered to a reasonable degree of medical probability based on the records provided. If additional records become available, this opinion may be revised.

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Draft — for physician review and signature