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**CONFIDENTIAL OCCUPATIONAL THERAPY REPORT**

**1. Assessment information**

|  |  |
| --- | --- |
| **Client Name:** | Andre Van Rooyen |
| **ID Number:** | 6706075043089 |
| **Age:** | 46 |
| **Address:** | 388 Coxir Ave, Ferdale, Randburg |
| **Contact Number:** | 082 454 3368 |
| **Date of assessment:** | 27 March 2014 |
| **Place of assessment:** | 554 Louis Botha Ave, Gresswold, Johannesburg |
| **Present at assessment:** | Aislinn Winslow (Occupational Therapist)  Andre Van Rooyen (Client) |
| **Language of assessment:** | English |
| **Date of report:** | 7 April 2014 |
| **Duration of assessment:** | 2 hours 30 minutes |
| **Referring company:** | Liberty |
| **Referring claims assessor:** | Nicolene Williams |
| **Our reference:** | L/A. Van Rooyen/AW |
| **Your reference**: | Policy number – 58447502200, 58447556500  Ref no – RS073/29 |

**2. Purpose of this report**

* *Identify the client’s current impairments*
* *To gather information regarding the client’s pre-injury/illness, current and future abilities*
* *To describe the effects of the injuries sustained by the client on their functional abilities*
* *Determine ability to return to previous job or other job and transferable skills*
* *Determine psychological and cognitive abilities, and effect of these components on the client’s activities of daily living*

**3. Assessment methods used**

* *Background questionnaire and interview*
* *Clinical, Physical and Cognitive assessment*
* *Workwell FCE Protocol*
* *Self-report measures*

**4. Documentation received**

|  |  |  |
| --- | --- | --- |
| ***Document*** | ***Designation*** | ***Date*** |
| *Letter of instruction* | *Nicolene Williams* | *March 34, 2014* |
| *Physiotherapy notes* | *Antoinette Duif, Physiotherapist* | *August 9, 2013* |
| *Employers declaration* | *Riaan Nel, Business partner* | *May 30, 2013* |
| *Member info form* | *A. Van Rooyen* | *May 29, 2013* |
| *Disability claimant statement* | *A. Van Rooyen* | *May 29, 2013* |
| *Medical certificate for disability* | *Dr. S. Johannes, Plastic, reconstructive and hand surgeon* | *May 15, 2013* |
| *Doctors notes* | *Dr. S. Johannes, Plastic, reconstructive and hand surgeon* | *March 4, 2013* |

**5. Medical information**

| ***Date/Year*** | ***Medical history*** |
| --- | --- |
| *19 March 2012* | * *Client sustained a comminuted fracture of his right 4th and 5th metacarpals at the base and displacement fractures* |
| *27 March 2012* | * *Operation of right hand, open reduction, internal fixation in Olivedale clinic by Dr. S. Johannes* |
| *8 May 2012* | * *Release of contracture in the right hand* |
| *23 October 2012* | * *Contracture release of the right hand* * *Tenolysis of the extensor tendon of the 5th (little) finger* |
| *19 March 2012 – 7 Aug 2012* | * *Physiotherapy for hand mobility and strengthening* * *Client received a home program of exercises to maintain mobility of the right hand* * *Client received intense periods of physiotherapy for his hand following each of his 3 operations to his right hand* |
| *March 2014* | * *The client reported that he continues to receive physiotherapy treatment every 2 weeks* |
| *Future treatment* | * *Dr. S. Johannes has recommended that the client receive a contracture release and tenolysis of the 5th (little) finger to improve the active and passive ranges of motion.* |

|  |  |
| --- | --- |
| ***System*** | ***Result*** |
| *Weight:* | *92 kilograms* |
| *Height:* | *1,76 meters* |
| *Body Mass Index (BMI):* | *29,7 (Overweight)* |
| *Blood pressure:* | *139/96 (Within normal limits)* |
| *Heart rate (Resting):* | *78 beats per minute* |
| *Maximum heart rate according to age (220-age):* | *174 beats per minute* |
| *Maximum heart rate reached in assessment:* | *104 beats per minute* |

**6. Background information**

**6.1 Social information**

**6.1.1 Family**

|  |  |
| --- | --- |
| ***Children or dependants*** | *Son aged 4 years old.* |
| ***Marital status/Relationship status*** | *The client is married, his wife is employed.* |
| ***Support structure*** | *Immediate family, wife and his son.* |

6.2 Home environment

|  |  |
| --- | --- |
| *Type of dwelling* | *Brick house, double storey* |
| *Occupants of home* | *3 occupants. The client, his wife and son.* |
| *Faciliites* | *Water and electricty, garden.* |
| *Accessability* | *The cleint noted that he can access all areas of his house with independenace.* |
| *Access to shops, hospitals and schools* | *Mr. Van Rooyen has access to all necessary modern amenities. He reports that he drives independently.* |
| *Assitance in home and garden* | *The client reports he requires assitance from his afther at times for certain home maintennce tasks, however his wife is predominantly for running of the home.* |

6.3 Education, Tertiary and vocational training

|  |  |  |
| --- | --- | --- |
| ***Period*** | ***Institution*** | ***Accomplishment*** |
| *7 years* | *Christiaan de Wet Primary School* | *Grade 7* |
| *5 years* | *Voerentoe Hoog* | *Grade 12* |

The client completed part time studies in Lenasia and completed his trade test in Olifantsfontein while employed at Brake fix. He completed with a qualification as a (A) guard motor mechanic.

**7. Occupational history and current occupational information**

**7.1 Occupational history**

|  |  |  |
| --- | --- | --- |
| ***Period*** | ***Institution*** | ***Experience gained*** |
| *1 year* | *ABSA Bank* | *Clerk, completing basic administration tasks* |
| *2 years* | *Brake fix* | *General mechanic, assessing and repairing cars* |
| *8 years* | *Gearmax* | *Foreman, fixing gearboxes and axles. Rebuilding of manual transmissions and delegating of daily tasks to team members.* |
| *16 years* | *Rallysport motors* | *Owner, building and fabricating of cars* |

**7.2 Job description and analysis**

**March 2012**

| **Job Title: Owner Rally Sport Motors** | |
| --- | --- |
| Essential job tasks  **Prior to injury** | * Managament and supervision of 6 emloyees * Stripping and building up cars for modifcation * Maintenance on general motor vehicles * Interacting with customers and getting spesifications required on vehicles |
| Major physical demands  **Prior to injury** | * Alternating standing and walking up to 6 hours * Sitting when completing adminstrative duties up to 2 hours * Bilateral hand funtion and strength * Sustained postruing of crouching, kneeling and supine posiiton * Lifting up to 60 kg’s |
| Major cogntive demands  **Prior to injury** | * Attention to detail, active concentration, memory of processes, judgement and understanding of cleints needs, ability to maintain interpersonal relationships with good interpersonal skills and communciation. |
| Major social demands | * Interaction telephonically and in person with customers * Daily interaction with staff members |
| U. S. Department of labour physical demand level | Heavy work \* |

**March 2014**

| **Job Title: Owner Rally Sport Motors** | |
| --- | --- |
| Essential job tasks | * Managament and supervision of 6 emloyees * Interacting with customers and getting spesifications required on vehicles * Admintration tasks for quotes and customer communciation |
| Major physical demands | * Alternating standing and walking up to 4 hours when supervising * Sitting when completing adminstrative duties up to 4 hours * Bilateral hand funtion typing, us eof computer 4 hours a day |
| Major cogntive demands | * Attention to detail, active concentration, memory of processes, judgement and understanding of clients needs, ability to maintain interpersonal relationships with good interpersonal skills and communciation. |
| Major social demands | * Interaction telephonically and in person with customers * Email interaction with customers and suppliers * Daily interaction with staff members |
| U. S. Department of labour physical demand level | Light work \* |

**7.3 Current difficulties in work environment**

* Difficulty grasping of hand tools such as a hammer of screwdriver with his right hand with strength
* Fear of handling power tools due to poor grip in right hand
* Difficulty carrying heavy objects of an awkward shape with two hands as reported that his right hand grasp slips with excessive weight
* Due to his physical limitations he has had to employ a new employee in addition to one new employee at the time of his injury

8. Client’s main complaints

* Unable to grasp tools
* He requires assistance with home maintenance tasks such as putting up lights
* Difficulty grasping a bread knife or steak knife
* Numb sensation on areas of right hand

9. General observations

* The client was on time for his assessment and was neat and clean in his appearance
* Mr. Van Rooyen had driven independently to the assessment

10. Cooperation and effort

* When testing hand function he did not display any competitive test behavior
* The client cooperated with all tasks requested of him

11. Consistency of performance

The client displayed consistency in the following ways:

* The client limited active range of motion in his right small finger is consistent with his injury and a contracture
* Mr. Van Rooyen’s grasp of the crate in lifting is consistent with the discomfort he reported experiencing in the right hand when lifting

12. Pain report

Mr. Van Rooyen reports pain in his right hand when lifting heavy objects. Pain was elicited when lifting 25 kg’s bilaterally as the client verbalized pain and discomfort. No change in pallor or swelling was noted at the time.

13. Safety

Mr. Van Rooyen made necessary biomechanical adjustments when lifting weight so as to prevent further injury to his right hand and maintained adequate spinal alignment.

**15. ASSESSMENT RESULTS**

**15.1Musculoskeletal assessment**

| ***Physical ability*** | ***Comments on ability*** |
| --- | --- |
| *Posture* | The client displayed acceptable posture in sitting and standing. |
| *Coordination* | Mr. Van Rooyen displayed adequate coordination of large and small movements. |
| *Vision* | The client displayed adequate visual ability to cope with all assessment tasks. |
| *Atrophy/oedema* | Unremarkable |
| *Integumentary* | Unremarkable |
| *Muscle tone/ spasms* | Normal |

**15.2 Hand function**

Mr. Van Rooyen is **right** hand dominant. He displayed below average grip strength in his right hand for his age and gender norms.

***15.2.1 Grip and Pinch strength (Previous scores)***

| ***Hand / finger strength*** | | ***Force (Pounds)*** | ***Mean for age / gender*** | ***Standard deviation*** | ***Client standard deviation*** | ***Result*** |
| --- | --- | --- | --- | --- | --- | --- |
| *Hand grip* | *Right* | *60,0* | *109,9* | *23,0* | *-2,2* | ***Below Average*** |
| *Left* | *89* | *100,8* | *22,8* | *-0,5* | *Average* |
| *Tip pinch* | *Right* | *9,46* | *18,7* | *4,9* | *-1,9* | *Average* |
| *Left* | *8,7* | *17,6* | *4,1* | *-2,2* | ***Below Average*** |
| *Lateral Pinch* | *Right* | *17,06* | *25,8* | *3,9* | *-2,2* | ***Below Average*** |
| *Left* | *16* | *24,8* | *4,4* | *-2,0* | *Average* |
| *Palmer Pinch* | *Right* | *11,46* | *24,0* | *3,3* | *-3,8* | ***Below Average*** |
| *Left* | *10,43* | *23,7* | *3,8* | *-3,5* | ***Below Average*** |

***15.2.2 Grip and Pinch strength (Current scores)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Hand / finger strength*** | | ***Force (Pounds)*** | ***Mean for age / gender*** | ***Standard deviation*** | ***Client standard deviation*** | ***Result*** |
| *Hand grip* | *Right* | *27,6* | *109,9* | *23,0* | *-3,6* | ***Below Average*** |
| *Left* | *58* | *100,8* | *22,8* | *-1,9* | *Average* |
| *Tip pinch* | *Right* | *5,6* | *18,7* | *4,9* | *-2,7* | ***Below Average*** |
| *Left* | *8,6* | *17,6* | *4,1* | *-2,2* | ***Below Average*** |
| *Lateral Pinch* | *Right* | *6,1* | *25,8* | *3,9* | *-5,1* | ***Below Average*** |
| *Left* | *8,8* | *24,8* | *4,4* | *-3,6* | ***Below Average*** |
| *Palmer Pinch* | *Right* | *5* | *24,0* | *3,3* | *-5,8* | ***Below Average*** |
| *Left* | *10,3* | *23,7* | *3,8* | *-3,5* | ***Below Average*** |

The client scored below average for all measures of strength with the exception of left hand grip. It's the writers’ opinion that maximal effort was not exerted necessitating the need to test grip with the hand positions adjusted to smaller and larger grips.

***15.2.3 Rapid exchange grip strength***

Although typical curves may vary in the height of the curves and end points, the examiner would not generally expect a flat or inverted curve. Major curve deviations from the bell shape may be due to hand trauma

***15.2.4 Dexterity***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Hand / finger strength*** | | ***Raw score*** | ***Standard Score*** | ***Result*** |
| *Hand sort* | *Right* | *65* | *80* | *Average* |
| *Left* | *65.5* | *85* | *Average* |
| *Pins* | *Right* | *23* | *65* | *Slightly below average* |
| *Left* | *26* | *85* | *Average* |
| *Bilateral pins* |  | *45,5* | *75* | *Average* |

A marked difference was not noted between the left and the right hand in the hand sort task. When testing with the pins the right hand was slightly below average. However no competitive test behavior was displayed and on observation the dexterity in the right index and thumb is adequate for dexterous tasks.

***15.2.4 Hand sensation***

When testing previously with monofilaments [[1]](#footnote-1) the client displayed intact sensation in the left hand. On the ulnar side of his right hand (pinkie and ring finger) the client had diminished light touch sensation. In this assessment he had intact sensation in his left hand. In the right hand he displayed intact sensory abilities for all fingers with the exception of his small (5th) finger. On this finger he reported only felt the purple monofilament indicating loss of protective sensation. When testing with monofilaments he did not show a distinct neural pattern of sensory loss. In previous testing the client has adequate two-point discrimination in both hands, as he was able to detect separate stimuli 5 mm from each other. In this assessment he had adequate 2 point discrimination in the left hand and first 3 fingers. In the right hand ring and pinkie fingers he sensed 2 points at 7 mm compared to his previous ability of 5 mm.

***15.2.5 Hand range of motion and muscle strength***

The following measures apply to the affected right hand. No limitations in movement were identified in the client’s left hand. All degrees of movement below are for active movement.

| **Finger** | **Movement** | **Normal range** | **Previous range of movement** | **Current range of movement** | **Muscle strength** |
| --- | --- | --- | --- | --- | --- |
| Right Thumb (1st)  CMC Joint | Abduction | 45 degrees | All movements within normal ranges | All movements within normal ranges | 5/5 |
| Adduction | Contact with web space |
| Extension | 60 degrees |
| Opposition | Contact with base of pinkie |
| Right Index (2nd) | MP Flexion | 90 degrees | 90 degrees | All movements within normal ranges | 4+/5 |
| PIP flexion | 100 degrees | 100 degrees, 25 degrees of hyperextension |
| DIP flexion | 80 degrees | 80 degrees |
| Middle (3rd) | MP Flexion | 90 degrees | 90 degrees | All movements within normal ranges | 4/5 |
| PIP flexion | 100 degrees | 95 degrees, within functional limts |
| DIP flexion | 80 degrees | 80 degrees |
| Ring (4th) | MP Flexion | 90 degrees | 90 degrees | 90 degrees | 3+/5 |
| PIP flexion | 100 degrees | 95 degrees, within functional limts | **90 degrees** |
| DIP flexion | 80 degrees | **65 degrees** | **60 degrees** |
| Pinkie (5th) | MP Flexion | 90 degrees | **40 degrees** | **30 degrees active**  **40 degrees passive** | 2+/5 |
| PIP flexion | 100 degrees | 100 degrees | **78 degrees active**  **80 degrees passive** |
| DIP flexion | 80 degrees | **70 degrees** | **45 degrees active**  **62 degrees passive** |



Image 1 is depicting the client attempting to assume full flexion (bending of the fingers). Note limitation of movement at the base of the small finger.

***15.2.6 Circumferential measures***

Measurement taken over proximal interphalangeal joint (knuckle)

Right small finger – 6,5 mm

Left small finger – 5,7 mm Difference of 0,8 mm

**16. COGNITIVE AND PSYCHOSOCIAL ASSESSMENT RESULTS**

| ***Aspect*** | ***Comment*** |
| --- | --- |
| *Orientation* | *The client was orientated to person, place and time. He understood the reason for functional testing.* |
| *Concentration* | *No limitations reported or observed.* |
| *Thinking* | *Mr. Van Rooyen’s thoughts were logical and goal directed.* |
| *Insight* | *The client displayed acceptable insight into medical intervention and the impact of his injury on his daily function.* |
| *Judgment and problem solving* | *No limitations observed.* |
| *Motivation* | *Mr. Van Rooyen displayed adequate motivation throughout the assessment; he reported motivation to continue working.* |
| *Communication* | *The client displayed adequate receptive and expressive communication in English.* |
| *Decision making skills* | *No limitations observed.* |
| *Memory* | *No limitations observed or reported.* |

**17. Psychosocial Assessment Results**

|  |  |
| --- | --- |
| ***Aspect*** | ***Comments*** |
| *Emotional state* | *Mr. Van Rooyen displayed a stable emotional state.* |
| *Self-concept* | *The client reported and was observed to display adequate self esteem.* |
| *Locus of control* | *Mr. Van Rooyen was observed to have an internal locus of control; he has taken responsibility for his medical intervention and treatment.* |
| *Anxiety/stress* | *The client was not observed to experience excessive anxiety or stress.* |
| *Interpersonal relationship’s* | *Mr. Van Rooyen reported adequate relationships with his family and work colleagues, and had no difficulty developing rapport with the assessor.* |
| *Personal presentation of self* | *No limitations in personal presentation identified.* |
| *Time management* | *Mr. Van Rooyen is able to manage his time with independence and routinize his day.* |

**19.WORKWELL FCE ASSESSMENT RESULTS AND INTERPRETATION**

| ***Frequency*** | ***Weighted activities***  ***Observed effort level*** | ***Position/Ambulation***  ***Quantitative and qualitative results*** | ***% Of workday*** |
| --- | --- | --- | --- |
| ***Never*** | *Contraindicated* | *Not possible* | *0%* |
| ***Rarely*** | *Maximum* | *Significant limitation* | *1-5%* |
| ***Occasionally*** | *Heavy* | *Some limitation* | *6-33%* |
| ***Frequently*** | *Low* | *Slight/no limitation* | *34-66%* |
| ***Self-limited*** | *Client stopped test; sub maximum effort level* | | *Submax %* |

19.1 Lifting and carrying

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Lifting strength KG** | **Unable** | **Max.** | **Heavy** | **Low** | **Limitations** | **Recommendations** |
| **Waist to floor** |  | **25kg** | **18kg** | **9kg** | Position of hands was adjusted to best modified posiiton for the client. | Not safe to lift over 18 kg’s waist to floor. |
| **Waist to crown** |  | **15 kg** | **11kg** | **8kg** | Not safe to lift overhead more than 11 kg’s |

In comparison to previous testing the client managed to safely lift increased amounts of weights from waist to floor and overhead.

19.2 Push/Pull Strength

|  |  |  |  |
| --- | --- | --- | --- |
| **Push/Pull (static)** | **Force generated (Kg’s)** | **Limitations** | **Recommendations** |
| **Push static** | 18,2 kg’s | Adequate bilateral grasp. As diameter of pole is 5 cm the cleitn had adequate flexion (bending) of all fingers in the right hand. | The cleint would be able to initiate a force of 18,2 kg’s to push and object and 22,6 kg’s to pull an object. |
| **Pull static** | 22.6 kg’s |

In comparison to previous testing the client scored higher force measures to initiate push and pull.

19.3 Static and Dynamic Posturing

| ***Posture, flexibility, Ambulation*** | ***Unable*** | ***Significant limitation*** | ***Some limitation*** | ***Slight or no limitation*** | ***Comments*** |
| --- | --- | --- | --- | --- | --- |
| *Sitting* |  |  |  | *√* | *No limitation noted.* |
| *Standing* |  |  |  | *√* | *The client exceeded testing time and demonstrated adequate standing tolerance.* |
| *Elevated work* |  |  |  | *√* | *No limitations noted.* |
| *Crouch* |  |  |  | *√* | *Adequate maintenance of position.* |

**20. ACTIVITIES OF DAILY LIVING**

| ***Activity*** | ***Present functioning*** |
| --- | --- |
| *Eating* | *The client is able to eat with independence. He reports difficulty with cutting of meat or bread as has difficulty grasping the knife handles with his right hand.* |
| *Dressing* | *Mr. Van Rooyen is independent in dressing. He reports that he has started wearing slip on shoes to prevent having to tie shoe laces.* |
| *Toileting* | *The client has intact bowel and bladder control.* |
| *Grooming* | *Mr. Van Rooyen reports independence in all personal grooming tasks. He was observed to be neat and clean in his grooming. He noted he uses a electric shaver to improve his functioning.* |
| *Showering and bathing* | *The client is independent in washing his body.* |
| *Sleeping* | *Mr. Van Rooyen reports minimal sleep disturbances.* |
| *Home maintenance and meal preparation* | *The client noted that his fiancé is responsible for the bulk of home maintenance. Mr. Van Rooyen reports that he assists with cooking and certain home cleaning tasks. He noted that tasks such as putting up a light fitting is difficulty for him and he requires assistance from his father.* |
| *Communication on telephone or written* | *The client able to write using his right (dominant) hand and his writing is discernable. Mr. Van Rooyen has adequate hand function to use a mobile phone.* |
| *Computer use* | *Mr. Van Rooyen reported that he is independent in computer use and spends a large percentage of his day writing emails.* |
| *Managing money or using an ATM* | *The client is independent in managing his finances.* |
| *Shopping/ carrying shopping* | *Mr. Van Rooyen noted that he assists with shopping tasks.* |
| *Accessing transport* | *The client reports independence in driving. He noted that for his manual transmission car he has ordered a pistol grip to assist him in changing gears.* |

21. Abilities/Strengths

* The client is independent in all his personal management tasks
* Mr. Van Rooyen has full active range of motion of his lower limbs. Right shoulder and elbow and left upper limb
* The client has adequate tolerance for all static and dynamic postures assessed
* He has intact bilateral (right and left) hand dexterity
* The client has intact cognitive function

22. Limitations

* Weakness in Right hand grip strength
* Limitations in right hand 4th and 5th finger movements and muscle strength
* Decreased light touch sensation on the unlar (medial) side of his hand
* Poor grip of right hand when lifting heavy weight with both hands
* Unable to lift overhead more than 10 kg’s
* Unable to lift from waist to floor more than 13 kg’s
* Poor grip of right hand affects handling of tools
* Clients writing is poorly formed making his handwriting difficult to read
* Client has difficulty cutting meat and grasping home cleaning tools such as a broom or mop with the right hand

23. Summary of client’s performance in comparison with job demands

Occupation at the time of sustaining his injury:

|  | ***Critical demand of his job***  *(Based on job description)* | ***FCE abilities of Mr. Van Rooyen [[2]](#footnote-2)*** | ***Job match*** |
| --- | --- | --- | --- |
| *Sitting* | *Rarely* | *Frequently* | *Yes* |
| *Walking* | *Frequently* | *Frequently* | *Yes* |
| *Standing* | *Rarely* | *Frequently* | *Yes* |
| *Bilateral hand function and dexterity* | *Frequently* | *Frequently* | *Yes* |
| *Kneeling* | *Occasionally* | *Frequently* | *Yes* |
| *Crouching* | *Occasionally* | *Frequently* | *Yes* |
| *Lifting and carrying up to +/- 60kg’s* | *Occasionally* | *Never* | *No* |
| *Right hand grip for tool handling* | *Frequently* | *Rarely* | *No* |
| *Orientation* | *Frequently* | *Frequently* | *Yes* |
| *Concentration* | *Frequently* | *Frequently* | *Yes* |
| *Memory* | *Frequently* | *Frequently* | *Yes* |
| *Internal motivation* | *Frequently* | *Frequently* | *Yes* |
| *Communication and interpersonal Skills* | *Frequently* | *Frequently* | *Yes* |
| *Time management skills* | *Frequently* | *Frequently* | *Yes* |
| *Problem solving sills* | *Frequently* | *Frequently* | *Yes* |
| *Personal presentation of self* | *Frequently* | *Frequently* | *Yes* |

When considering the previous grid of limitations above the client had difficulty lifting and gripping tools. It has to be considered that the client could possibly make us of hoists, cranes and lifting systems to assist in transferring of weight. Furthermore as weight is often lifted with the assistance of another employee, the possibility of requesting further assistance to lift weight may be explored.

24. Current and future treatment recommendations

The clients treating specialist Dr. S. Johannes noted on the 4th March 2013 that Mr. Van Rooyen requires a contracture release of the little finger including tenolysis to improve his range.

Mr. Van Rooyen reported that he still attends physiotherapy sessions every 2 weeks. The client does not seem to be making any progress in range of movement with these sessions and reports that he does not follow a home program. It is recommended that he receive the surgical intervention recommended by Dr. Johannes followed by an intense regime of postoperative hand therapy. Furthermore for the client to maintain range of motion in the 5th finger, he should follow a strict daily hand function program. As his strength is predominantly affected by limited range he may have improvement of his muscle strength should he follow the intense postoperative program.

The client noted that he has limitations in grasping of a steak or breadknife. When testing grip strength in the 4th position over a handle size 17,8 cm in diameter the client scored strength measures ranging up to 30 kg’s. This indicates that with a built up surface he would be able to exert adequate force when using s steak or bread knife.

The client may purchase an ergonomic knife at medical supply companies such as Wellcare medical 031 564 3330, or Rand medical supplies 011 789 2203. Such a knife adjusts grasp position to ease cutting. Alternatively the client could use build up surfaces for his knives, which he could remove and carry with him. Build up tubing can be bought in different diameters, which can be purchased in accordance with grasp diameter that best suits him at [www.abilityassist.co.za](http://www.abilityassist.co.za) or [www.wantital.co.za](http://www.wantital.co.za).

25. Prognosis

Mr. Van Rooyens medical prognosis is deferred to his treating specialist, who has recommended further intervention to improve 5th finger range of movement. The client does not present with cognitive or psychosocial limitations. Based on his current level of function, motivation and independence his functional prognosis at present is good.

26. Conclusions regarding Functional Capacity

Mr. Van Rooyen has owned his company Rally Sport Motors for 16 years. He sustained an injury to his right hand in March 2012. After recovering from his hand surgery he returned to working in the capacity of management and administration in his company. He reported that at this time he employed 2 new workers to assist, as he was no longer able to manage work tasks with his hand injury. He noted that since this time one of these employees has since left and he is in the process of training a new staff member.

Prior to his injury the client’s job description was management but also rebuilding of cars. Physical demands of this occupation included sitting and stair climbing for 1-5% of his workday. He was required to stand and walk throughout the working day and occasionally kneel, crouch or lie in supine when working on cars. On occasion he would need to work with his hands in an elevated position from standing or supine position when spraying or fitting pieces of cars. When doing bodywork on the cars he would need to manage tools such as hammers, screwdrivers, and power tools such as an angle grinder and welding.

The client displayed acceptable physical ability in the pervious assessment to meet the sitting, standing, walking, kneeling, crouching and bending demands of his occupation. Furthermore his ability to work overhead was assessed in this assessment and he met requirements to frequently work in this position. In previous testing Mr. Van Rooyen displayed deficits in his grip and certain pinch strength’s of his right hand. In this assessment he scored below average for all pinches and grips with the exception of left grip strength, which gives the impression of limited effort as no pathology, or injury has been sustained in the left hand. As he has limitations in his right small (5th) his right grip strength may be impacted, however his right pinches would be expected to be minimally impacted. As his grip strength was limited in the right hand in the previous assessment, his lifting of weight was limited to objects under 13 kg’s.

Due to his weak right hand grip strength he should not be handling power tools as may cause himself further harm. Studies indicate that excessive handling of power tools may further decrease grip strength. As lifting heavy weight and manipulating of tools and power tools are core to him being able to meet the demands of his job as a restorer and fabricator of cars he is unable to occupy his previous occupation or similar. He has the capacity to continue to run the company and manage his employees. He further stated that he has an employee whom is capable of training new employees. Observations made in the assessment indicate that he has acceptable cognitive and psychosocial abilities to meet the demands of his occupation. Therefore he would be able to continue managing his company as by instruction could assist in training new employees based on his knowledge and past experience.

In activities of daily living the client continues to drive and care for his personal needs. He has minor areas of difficulty such as when cutting meat and opening jars. With recommendations noted above he should be able to adapt and complete these tasks independently.

It’s the writers’ opinion that he is unable to continue with all tasks of his previous occupation, however would cope with some of his previous job demands. He would be able to continue working in a management position of his company and overseeing the workers in the workshop.

**Please note** that the opinion and recommendations in this report are based on the medical information made available to me at the time of this assessment and should any further relevant or updated information come to light, I reserve the right to alter this report accordingly.

 

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**Aislinn Winslow**

***Occupational Therapist***

***BSc. OT (Wits) Workwell certified***

1. Nylon filaments precisely calibrated and equal in length. Used to measure both diminishing and returning cutaneous sensation. [↑](#footnote-ref-1)
2. Please refer to results of Workwell core FCE assessment for more detail on these items [↑](#footnote-ref-2)