**ANSIE VAN ZYL**

**OCCUPATIONAL THERAPIST**

(B.Occupational Therapy UFS)

(Dip Voc Rehab UP)

PRNO: 6619118

HPCSA 0014370

28 7th Avenue (w) 041 3650276

Newton Park (f ) 086 5249254

PORT ELIZABETH [ansie@vansyl.co.za](mailto:ansie@vansyl.co.za)

6045

PO Box 6017

Walmer

6065

**Occupational Therapy Medico Legal Report**

|  |  |
| --- | --- |
| Name:  Date of birth:  ID:  Age:  Address:  Date of injury:  Date of assessment:  Date of report:  Prepared for:  Prepared by:  **Ref:** | {fullName}  {dateOfBirth}  {IdNumber}  {age} years  {line1}  {line2}  {city}  {postalCode}  {dateOfInjury}  {assessmentDate}  {today}  {attorney}  {lawFirm}  {lawFirmCity}  Ansie van Zyl Occupational Therapist 28 7th Avenue, Newton Park Port Elizabeth  **{ref}** |

Contents

1. **Purpose of Report**
2. **Sources of Information**
   1. Interview
   2. Documentation received
3. **History**
   1. Personal history
   2. Medical history
   3. Work History
4. **Components Assessment**
   1. Current complaints (reported by the claimant)
   2. Clinical observations
   3. Physical assessment
   4. Cognitive assessment
   5. Affect
   6. Motivation
   7. Functional
   8. Work assessment
5. **Summary**

5.1 Discussion

5.2 Recommendations

1. **Purpose of report**

The report is aimed at providing details on the impact of the claimant's injuries on her pre-accident roles and circumstances, with specific reference to:

−Activities of daily living  
−Leisure and recreational activities  
−Work

The need for assistance at home, adaptive equipment and the loss of life amenities suffered from, as a result of injuries sustained, will also be reported on.

**2. Sources of Information**

**2.1 Interview and assessment:**

The writer consulted with {fullName} on {assessmentDate} at 28 7th Avenue, Newton Park, for interview and assessment.

**2.2 Documentation Received**

|  |  |  |
| --- | --- | --- |
| **Date Description Author** | | |
|  |  |  |
| {#documents}{date\_authored} | {file\_name} | {author\_name}{/documents} |
|  |  |  |

**3. History**

**3.1 Personal History**

**3.1.1 Early Childhood:**

{earlyChildhood}

**3.1.2 Family:**

{family}

**3.1.3 Home environment:**

{homeEnvironment}

**3.1.4 Educational:**

{educational}

**3.1.5 Work:**

3.1.5.1 Premorbid:

{premorbid}

3.1.5.2 Postmorbid:

{postmorbid}

**3.1.6 Social habits:**

{socialHabits}

**3.2 Medical history**

**3.2.1 Past medical history**

3.2.1.1 Previous injuries:

{previousInjuries}

3.2.1.2 Medical conditions:

{medicalConditions}

**3.2.2 Current history**

{currentHistory}

3.2.2.1 Medication:

{medication}

**3.3 Work History**

{workHistory}

**4. Components of Assessment**

**4.1 Current complaints** (reported by the claimant)

{currentCompaints}

**4.2 Clinical observations**

{clinicalObservations}

4.3 Physical assessment

4.3.1 General appearance

{generalAppearance}

4.3.2 Muscle power

Grip strength was measured as {rightHand} in the right hand and {leftHand} in the left hand. The norm for her age and gender is {dominantHand} in the dominant hand and {nondominantHand} in the non dominant hand.

4.3.3 Range of motion

**Shoulder**

|  |  |  |  |
| --- | --- | --- | --- |
| **Movements of Shoulder** | **Normal** | **Right** | **Left** |
| Flexion | 0 - 180° front | {elRFlexion} | {elLFlexion} |
| Extension | 0 - 150° | {elRExtension} | {elLExtension } |
| Abduction | 0 - 80° in | {elAbduction} | {elLAbduction} |
| Adduction | 0 - 80° out | {elRAdduction} | {elLAdduction} |
| Internal Rotation | 0 - 45° | {irRight} | {irLeft} |
| External Rotation | 0 - 45° | {erRight} | {erLeft} |

**Forearm and wrist**

{forearmWrist}

Elbow

|  |  |  |  |
| --- | --- | --- | --- |
| **Movements of Elbow** | **Normal** | **Right** | **Left** |
| Extension | 150 - 0° | {elRExtension} | {elLExtension} |
| Flexion | 0 - 150° | {elRFlexion} | {elLFlexion} |
| Pronation | 0 - 80° in | {elRPronation} | {elLPronation} |
| Supination | 0 - 80° out | {elRSupination} | {elLSupination} |

**Hand**

{hand}

**Hip**

{hip}

Knee

{knee}

**Ankle**

{ankle}

4.3.4 Pain

4.3.5 Balance

Berg Balance Scale

{borgBalance}

**4.3.6 Sensation**

**4.3.6.1 Upper Extremity**

{sensationUpper}

**4.3.6.2 Trunk Extremity**

{sensationTrunk}

**4.3.6.3 Lower Extremity**

{sensationLower}

**4.3.7 Co-ordination**

{coordination}

**4.3.8 Posture**

{posture}

**4.3.9 Mobility**

{mobility}

**4.3.10 Gait**

{gait}

**Repetitive Tolerance Protocol Assessment**

**Walking**

{walking}

**Stair Climbing**

{stairClimbing}

**Balance**

{balance}

**Ladder Work**

{ladderWork}

**Repetitive Squatting**

{repetitiveSquatting}

**Repetitive Foot Motion**

{repetitiveFootMotion}

**Crawling**

{crawling}

**4.4 Cognitive assessment**

**4.4.1 Attention and Concentration**

**4.4.2 Memory**

4.4.2.1 Short term:

4.4.2.2 Long term:

**4.4.3 Insight**

4.4.4 Reading

4.4.5 Speech

4.4.6 Writing

**4.4.7 Visual perception**

**4.5 Affect**

**4.6 Motivation**

**4.7 Functional**

**4.7.1 Personal care:**

**4.7.2 Sleeping**

**4.7.3 Home management:**

**4.7.4 Leisure:**

**4.7.5 Driving:**

**4.8 Work Assessment**

**4.8.1 Job Description**

4.8.1.2 Work assessment

**5. Summary**

**5.1 Discussion**

5.1.1. Loss of amenities

5.1.2 Residual work capacity

**5.2 Recommendations**

**5.2.1 Future Medical Expenses**

**5.2.2 Future Medication and Surgical Intervention**

**5.2.3 Supplementary Health Services**

**5.2.4 Physiotherapy**

* + 1. **Psychology**

{psychology}

* + 1. **Occupational Therapy**

{occupationalTherapy}

**5.2.7 Special and Adapted Equipment**

{specialEquipment}

**5.2.8 Assistance Required**

5.2.8.1 Case Management

{caseManagement1}

5.2.8.2 {caseManagement2}

**5.2.9 Transportation Costs**

{transportationCosts}

The writer reserves the right to alter her opinion if any new information comes to hand.

Please contact me for further information if necessary.

Thank you for the referral.



Ansie van Zyl

Occupational Therapist