



Ferland & Associates Rehabilitation Inc.

OCCUPATIONAL THERAPY IN-HOME ASSESSMENT

Client Name:	Rita Bollar	Date of Loss:	12/21/23
Address:	706 Clearcrest Cr, Orleans, ON K4A 3E6	Date of Birth:	09/14/1947
Telephone #:	(613) 816-5473		
Lawyer:	N/A	Firm:	N/A
Adjuster:	Sid Bacalhau	Insurer:	Unifund Insurance Co.
		Claim No.:	000-01-805892
Therapist:	Sebastien Ferland OT Reg.(Ont.)	Date of Assessment:	01/30/2024
		Date of Report:	02/02/2024

THERAPIST QUALIFICATIONS:

Mr. Ferland is an Occupational Therapist with over 25 years of experience providing rehabilitation and expert opinion services in the province of Ontario. His professional practice began in 1998 when he graduated from the University of Ottawa's School of Rehabilitation and began working as a registered Occupational Therapist in the private sector. Over the years, Mr. Ferland has developed his clinical skills and evolved to provide expert opinions in matters of human function to stakeholders in the automobile insurance sector, personal injury and family law, the Workplace Safety and Insurance Board (WSIB), Veterans Affairs and the Long-Term Disability sectors. His opinions are sought by both plaintiff and defense counsel in the context of resolving matters in personal injury and family law cases. He has been qualified several times as an expert in his field, providing testimony under oath in FSCO tribunals and cases appearing before the Ontario Superior Court of Justice.

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Mr. Ferland's practice includes regular contributions to catastrophic designation assessment teams where he provides opinions related to daily function of individuals suffering from serious physical, psychological and cognitive impairments. His assessments inform multidisciplinary team members (psychiatry, orthopedics, neurology, physiatry, psychology, etc.) of injured client's daily functional capabilities at home, work and in the community, assisting them in forming opinions surrounding whether the catastrophic injury threshold is met.

Mr. Ferland concurrently provides services as a treating Occupational Therapist to clients who have sustained physical and psychological trauma in motor vehicle accidents. He has extensive experience in providing care to individuals suffering from chronic pain, depression, anxiety and posttraumatic stress, overseeing and directing functional reactivation programs to foster improvements in function and participation in meaningful activity.

ASSESSMENT PREAMBLE:

Ms. Bollar was referred to Ferland & Associates incorporated by Dr. Vikas Dhawan of Apollo Physical Therapy Centre for the purpose of coordinating safe hospital discharge from the Ottawa Rehabilitation Centre to her home. This therapist met with Ms. Bollar on January 23, 2024 at the Rehabilitation Centre to obtain initial information in preparation for her discharge on January 26, 2024. This therapist further met with Ms. Bollar and her son at her home on January 26, 2024 following her discharge from hospital. Transportation assistance was coordinated by this therapist by Goldsmith Patient Transfer Services and completed a comprehensive in-home assessment, and assessment of attendant care needs on January 20, 2024. Equipment required for safe discharge to home was obtained by her son and additional recommendations for minor home modifications and additional equipment will be referenced herein.

SUMMARY OF FINDINGS:

Ms. Bollar is a 74-year old woman who was a pedestrian run over by a vehicle in a parking lot on December 21, 2024. In this accident, Ms. Bollar reported that a vehicle backing out of a parking spot struck her, throwing her to the ground and subsequently running over her right ankle. Ms. Bollar, as a result of this trauma, experienced a fracture to her left hip and right ankle, requiring concurrent surgeries, which included ORIF (Open Reduction and Internal Fixation). She was then transferred to the rehabilitation center in Ottawa where she convalesced and obtained physiotherapy treatment in preparation for a discharge to her home.

At the time of this assessment, Ms. Bollar has been set up on the main floor of her two story home, where a bed was set up in her dining room, providing access to an adjacent powder room and kitchen. She is currently unable to manage more than a few stairs with close stand-by



supervision and is able to mobilize for short distances using a rollator walker. She is unable to prepare full meals, however, is able to reheat meals prepared for her using the microwave. Furthermore, she is unable to access the shower / bathtub, located on the second floor of her home and requires assistance for sponge-bathing on a daily basis.

Ms. Bollar will require assistance for transportation to and from medical appointments due to difficulties transferring into a standard vehicle or van. She is also obtaining meals on wheels to supplement food prepared by family members and friends. There are no concurrent issues impacting her course to recovery anticipated at this time. Ms. Bollar presented as a highly motivated individual who is seeking a return to pre-accident function as soon as possible. To that end, this therapist has confirmed initiation of in-home physiotherapy services through Apollo Physical Therapy Services, in addition to PSW services provided through My Place Home Care. Ms. Bollar, as a result of her mobility limitations, is found unable to exit her home safely in case of home emergency. She thus requires 24-hour care at this time, pending a return to independent stair-climbing. A form 1 has been submitted to the insurer for consideration.

RECOMMENDATIONS:

Attendant Care:

Ms. Bollar currently requires assistance with meal preparation, bathing, as well as the balance of 24-hour care, due to her inability to exit her home in case of emergency. Please refer to the enclosed assessment of Attendant Care Needs (Form 1) for more information.

Housekeeping:

Ms. Bollar is currently unable to manage any form of housekeeping or home maintenance. Prior to the accident, Ms. Bollar managed all aspects of indoor housekeeping and outdoor home maintenance independently. With the exception of snow removal from her driveway. She would benefit from an estimated 6 hours per week of housekeeping assistance to help manage those tasks.

Assistive Devices:

Ms. Bollar has obtained the following assistive devices in preparation for discharge to her home, which she purchased out of pocket, and will seek reimbursement from her insurer, via, an OCF-6:

- Raised toilet seat with arm-rest.
- Rollator walker.

In addition to these devices, as her mobility improves, this therapist anticipates the need for the following home modifications to foster safe mobility on stairs and in the bathroom:



- Two grab bars installed in her shower enclosure.
- Curved handrail leading up the stairs to the second floor of her home.
- Outdoor railing to allow safe entry and egress to the main floor to street level.

Further Occupational Therapy Interventions:

Ms. Bollar would benefit from an initial block of six OT treatment sessions to be delivered on a bi-weekly basis to monitor her functional progress and to monitor any safety issues as they arise. An OCF-18 will be submitted to the insurer for these services.

Referral for Other Services:

Ms. Bollar requires the provision of in-home physiotherapy services to maintain the progress she has made while hospitalized. Confirmation of these services has been obtained through Apollo Physical Therapy Services, who will initiate in-home treatments on imminent basis.

Additionally, Ms. Bollar requires access to PSW services which have been coordinated through My Place Home Care in accordance with the Form 1 referenced above.

INFORMED CONSENT STATEMENT:

This therapist has reviewed issues related to consent as per the requirements outlined by the College of Occupational Therapists of Ontario:

- An occupational therapy assessment is to be conducted by this therapist, a registered occupational therapist with the College of Occupational Therapists of Ontario (COTO).
- The assessment has been requested by his legal representative Mr. Frank McNally.
- The purpose of this assessment is to assess Mr. CLIENT's current functional status as it relates to his ability to complete pre-accident activities of daily living.
- The proposed assessment will include: an interview, a physical assessment and also observations of the ability to complete functional tasks within and around the home as well as education on safe means of completing activities of daily living if required.
- Due to the physical nature of the assessment, pain and fatigue are possible temporary side effects.
- Recommendations may be provided at the conclusion of the assessment. These recommendations may include:
 - Occupational Therapy Treatment
 - Assistive Devices
 - Referral to other practitioners
 - Support services

- A submission for funding will be submitted to the insurer for any goods and/or services on an OCF18 – Assessment and Treatment Plan. The insurer may approve or deny the plan (in part or in whole). Should a denial or partial denial occur, an independent examination by another Occupational Therapist may be requested by the insurer. This may be an in-person assessment or a remote paper-review assessment. Funding for the requested goods and/or services may ultimately be declined.
- Mr. CLIENT may choose to participate or decline any or all of the proposed assessment.
- A report documenting this assessment will be completed and copies will be provided to the following parties via secure transmission (fax or encrypted email attachment):
 - Zenith Insurance c/o Kaitlyn Witmeyer, Accident Benefits Adjuster
 - McNally Gervan, c/o Frank McNally, Legal Representative

Following this therapist's explanation Mr. CLIENT granted informed consent for this therapist to proceed with the assessment and any subsequent interventions.

DOCUMENTATION REVIEWED:

There was no documentation available for review at the time of this assessment. Diagnostic information was obtained through hospital staff and a review of Ms. Bollar's chart at the Ottawa Rehabilitation Centre, on January 23, 2024.

PRE-ACCIDENT MEDICAL HISTORY:

Ms. Bollar reported being in excellent physical and mental health at the time of this assessment. The only medical issue for which she was being monitored was high blood pressure which was well managed with medication. Ms. Bollar also presents with congenital deformity of her right hand, where she is missing the third digit and has developed some malformation of her other digits. Despite this congenital issue, Ms. Bollar has not developed any functional impairments of any sort, and was able to manage all of her activities of daily living unimpeded.

Ms. Bollar was a highly active individual prior to the subject MVA. She is widowed of 16 years, and has throughout that time, managed all aspects of her home, including indoor housekeeping, cutting her grass, and managing her garden. She would walk with a group of friends three times weekly for 10-12 km, in addition to walking 5km on her own twice weekly. She taught yoga once weekly in the basement of her home and would attend yoga classes twice weekly over zoom. She reported being highly social, engaged in Toastmasters, seniors meeting groups, and various social initiatives which she would thrive through her involvement. She noted that she made a point of getting out of the house on a daily basis.

Ms. Bollar also indicated that she was an avid traveler, going to India every January, in addition to a yearly trip to Europe, which she would spend significant time and energy planning and



organizing. She was well surrounded by family and friends, socializing actively on a daily basis, both in-person and over the phone.

MECHANISM OF INJURY:

On December 21, 2023, Ms. Bollar reported being a pedestrian struck by a vehicle backing out of a parking spot in a parking lot. The impact resulted in her being thrown to the ground, fracturing her left hip, and the vehicle subsequently drove over her right leg, fracturing her right ankle. She denies any loss of consciousness, or any amnesia of the events surrounding the accident. She was taken by ambulance to the Ottawa general hospital where she was assessed for her injuries and admitted for care. She underwent surgical interventions, which included (Open-Reduction and Internal Fixation) of both her left hip and her right ankle, subsequently being transferred to the Ottawa Rehabilitation Centre's short-term rehab unit. She was discharged home on January 26, 2024, where she continues to recover at this time.

NATURE OF INJURY:

As a result of the subject MVA, Ms. Bollar sustained the following injuries:

- Left intertrochanteric femur fracture (ORIF).
- Right trimalleolar ankle fracture (ORIF).
- Significant bruising due to blunt force trauma.

CURRENT MEDICAL/REHABILITATION TEAM:

Health Professional Name and Specialty	Date of Last Appointment/ Frequency of appointments	Outcome of Last Appointment	Date of Next Appointment
Dr. Pamala Anand (GP)	Unknown.	N/A	TBD
Dr. Pickell (Orthopedic Surgeon)	Was following Ms. Bollar through periodic touchpoints whilst hospitalized.	Signed discharge papers.	February 14, 2024.
Apollo Physical Therapy Centre	To start eminently.	N/A	N/A

**MEDICATION:**

Medication Name	Dosage/Frequency	Purpose
Tylenol	325mg PRN	Pain Relief
Perindopril	Unknown	High Blood Pressure

SUBJECTIVE INFORMATION (CLIENT REPORT):**Physical Symptoms:**

Pain symptoms are rated on an analog pain scale where 0 = no pain and 10 = intolerable pain.

Symptom/Complaint	Details	Pain Rating if Necessary
Left Hip	Ms. Bollar reports constant pain in her left hip. She notes being unable to sleep on that side. She was reportedly highly medicated while in hospital, but since returning home, has made a decision to decrease her pain medications due to concerns with taking prescribed medication. She notes that her pain has plateaued to 2/10 at rest and when walking, she would experience surges of pain up to 5-6/10. She shared concerns about her left foot always feeling cold, and will discuss this issue with her surgeon during her February 14, 2024 follow-up.	2-6/10
Right Ankle	Ms. Bollar was prescribed an air cast to wear at all times during the day to support her right ankle. With the use of the air cast, she reports no issues. When she removes the cast at night, her foot cannot tolerate the weight of the duvet. She notes that her ankle feels "fragile, but not painful."	0-10

Cognitive Symptoms:

Ms. Bollar reported no cognitive changes following the subject MVA.

Emotional Symptoms:

Ms. Bollar endorsed the following emotional symptoms, which she has experienced since the date of loss:

- She feels lonely / frustrated with her loss of function and inability to keep her home tidy.
- Hates being dependent on others.
- Caregivers and family not treating her home the way she likes.
- Saddened to have missed Christmas and New Year's celebrations.
- Feels generally impatient regarding her course to recovery.
- Frustrated with her loss of independence.
- Frustrated with being unable to access parts of her home, such as the sunken living room, where her favorite sitting spot is located. Or the second floor bathroom, where she would normally shower.

Symptom Management Strategies:

Ms. Bollar reported making use of the following strategies to manage her symptoms:

- Rest
- Activity Avoidance
- Medication

FUNCTIONAL AND BEHAVIOURAL OBSERVATIONS:

Tolerances, Mobility and Transfers:

Activity	Client Report and Therapist Observations
Sitting and repositioning	<p>Ms. Bollar reported no issues with sustained sitting or repositioning prior to the subject MVA.</p> <p>At the time of this assessment, she noted not being able to sit for more than 60 minutes before experiencing significant discomfort requiring that she stand and move about.</p>



Bed Mobility	Ms. Bollar was independent with her bed mobility needs prior to the accident. She remains independent at this time.
Transfers	Prior to the subject MVA, Ms. Bollar was independent in the performance of all transfers. At the time of this assessment, Ms. Bollar has maintained her independence with sitting and standing transfers, toilet transfers (with use of a raised toilet seat), and bed transfers. She has been unable to access the second floor bathroom where the shower stall is located and these transfers will be assessed once her mobility allows her to access those facilities. She is currently unable to manage transfers to a sedan vehicle or van, requiring wheelchair transport services to and from medical appointments.
Standing	Without the use of her walker, Ms. Bollar is able to stand no more than 30 seconds. She notes sitting on the seat of her walker when preparing her morning tea. With support from her walker, she is able to stand for up to 5 minutes.
Balance	Ms. Bollar requires the use of a rollator walker to maintain her standing balance for sustained periods of time. She does not report any dizziness or vertigo, or any other issues overtly affecting her capacity to maintain her balance.
Walking	<p>Prior to the subject MVA, Ms. Bollar was an avid walker. As previously noted, she would walk 10-12 Km with a group of friends twice weekly, in addition to walking on her own for up to 5 km twice weekly.</p> <p>At the time of this assessment, Ms. Bollar demonstrated her ability to walk for short distances within her home, making use of a rollator walker for support in her home. She reported being able to walk 2 lengths of the small gymnasium located at the Rehabilitation Centre, with frequent breaks. This distance would require a few minutes to travel at a slow, purposeful pace.</p>



Stairs	<p>Ms. Bollar was independent in all stair-climbing prior to the subject MVA. She reported no limitations in this regard.</p> <p>At the time of this assessment, Ms. Bollar demonstrated her ability to manage four stairs, leading from the garage to the main floor of her home, with close stand-by supervision. She notes climbing stairs to be easier than descending them, secondary to pain in her left hip most prevalent when leading with her left leg while descending. She is at this time unable to manage a full staircase which is required to access the second floor of the other home. For safety reasons, this therapist recommends the installation of a second handrail in the curved staircase leading to the second floor to foster a timely resumption of access to the second floor bathroom she primarily uses.</p>
Lifting/Carrying	<p>Ms. Bollar is currently unable to lift or carry any form of loads as a result of her dependency on a walker to mobilize. She noted being able to manage light to moderate weights prior to the subject MVA and would obtain assistance from family and friends for lifting heavier loads.</p>
Kneeling	<p>Ms. Bollar reported being able to kneel unrestricted prior to the subject MVA.</p> <p>At the time of this assessment, Ms. Bollar reported being unable to kneel. She did not demonstrate an attempt to do so, as her medical restrictions preclude her from adopting low-lying positions.</p>
Squatting/Crouching	<p>Ms. Bollar reported being able to squat / crouch unrestricted prior to the subject MVA.</p> <p>At the time of this assessment, Ms. Bollar reported being unable to squat / crouch. She did not demonstrate an attempt to do so, as her medical restrictions preclude her from adopting low-lying positions.</p>
Bending	<p>Ms. Bollar reported no issues with bending prior to the subject MVA. As a yoga teacher and student, she noted being able to bend without difficulty in all planes.</p> <p>At the time of this assessment, Ms. Bollar is unable to bend as a result of medical restrictions which preclude her to do so.</p>
Reaching	<p>Ms. Bollar reported being able to reach without difficulty prior to the subject MVA.</p> <p>At the time of this assessment, Ms. Bollar remains able to reach with her upper extremities in all planes in an unrestricted manner.</p>
Fine Motor Coordination	<p>Ms. Bollar did not report any issues with fine motor dexterity prior to the subject MVA.</p> <p>Through the course of this assessment, Ms. Bollar was observed handling both pen and paper, utilizing both of her hands without any difficulty.</p>



Active Range of Motion:

Legend: WFL: Within Functional Limits %: approximate percentage of normal range Nominal: less than 25% range				
Movement		Right	Left	Comments
Neck	Forward flexion	WFL		No identified limitations.
	Lateral flexion	WFL	WFL	
	Rotation	WFL	WFL	
	Extension	WFL		
Shoulder	Flexion	WFL	WFL	No identified limitations.
	Extension	WFL	WFL	
	Abduction	WFL	WFL	
	Adduction	WFL	WFL	
	Internal rotation	WFL	WFL	
	External rotation	WFL	WFL	
Elbow	Flexion	WFL	WFL	No identified limitations.
	Extension	WFL	WFL	
Wrist	Flexion	WFL	WFL	No identified limitations.
	Extension	WFL	WFL	



	Supination	WFL	WFL	
	Pronation	WFL	WFL	
Trunk	Forward flexion	$\frac{1}{4}$ Range		Trunk ROM restricted as a result of left hip medical restrictions.
	Lateral flexion	$\frac{1}{4}$ Range	$\frac{1}{4}$ Range	
	Rotation	$\frac{1}{4}$ Range	$\frac{1}{4}$ Range	
Hip	Flexion	WFL	$\frac{1}{4}$ Range	Right hip has full ROM while the left is significantly restricted in all planes.
	Extension	WFL	$\frac{1}{4}$ Range	
Knee	Flexion	WFL	WFL	No identified limitations.
	Extension	WFL	WFL	
Ankle	Dorsiflexion	Nominal	WFL	Right ankle ROM restricted from any movement due to presence of an air cast.
	Plantar flexion	Nominal	WFL	

Emotional Presentation:

Ms. Bollar's emotional presentation was generally unremarkable through all touchpoints held with her between January 23-30, 2024. She did not present with any signs of depression, however, did express some degree of anxiety and apprehension on the lack of planning surrounding her discharge from hospital as this therapist addressed concerns surrounding transportation, equipment and support services, Ms. Bollar was noted to settle. She presented as a fiercely independent woman, who was highly motivated to recover her lost function as soon as possible.

Cognitive Presentation:



Ms. Bollar presented with no cognitive impairments through all touchpoints with this therapist. She was a good historian, providing information readily and following-up on a regular basis in a proactive and appropriate manner.

TYPICAL DAY:

Since her return to home, Ms. Bollar reported the following as a typical day:

- Up at 6-7am.
- Prepares and has her tea.
- Chats with family in India for 60-90 minutes.
- Prepares and consumes a smoothie.
- Will lay down for a short period to rest.
- Deals with multiple calls.
- Has a small lunch, which includes warming of prepared meals in the microwave, or Meals on Wheels delivered to her door.
- Has visitors at around 3pm.
- Listens to music, does crossword puzzles, plays games on her phone, plans her son's wedding, etc...
- Will have dinner, then watch television or movie on her laptop.
- Brushes her teeth and then goes to bed around 9:30-10pm.

ENVIRONMENTAL ASSESSMENT:

TYPE OF DWELLING	Single detached, two-story home.		
ROOMS	Qty	LOCATION/DESCRIPTION	FLOOR COVERING
Bedrooms	3	Second Floor	Hardwood
Bathrooms	3	Two Full Bathrooms on Second Floor and Powder Room on Main Floor.	Tile
Living Room	1	Main Floor.	Hardwood
Family Room	1	Main Floor.	Hardwood
Dining Room	1	Main Floor	Hardwood
Kitchen	1	Main Floor.	Tile
Laundry	1	Basement	Concrete
Stairs	Yes	Curved Staircase Leading to Second Floor and Split Staircase Leading To Basement	Carpet



Basement	1	Finished.	Carpet
Driveway Description	Double Car Driveway.		
Yard description	Large City Lot with Garden.		

LIVING ARRANGEMENTS/SOCIAL STATUS:

Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Common Law <input type="checkbox"/> Other <input checked="" type="checkbox"/> (Widowed 16 years)
Living Arrangement	Lives alone.
Children	Grown-up children, 1 living nearby and the other in BC.

ACTIVITIES OF DAILY LIVING (Pre and Post Accident):

Pre and Post Accident Self-Care Activities:

Prior to the subject MVA, Ms. Bollar was independent in all aspects of self-care.

At the time of this assessment, Ms. Bollar is living on the main floor of her home, where she has curtailed many of her self-care tasks. She will often go to bed wearing the same clothes she wore during the day. She is limited in her ability to wash herself, requiring assistance for sponge bathing as she can no longer access the bathroom on the second floor of her home where the shower is located. She is able to dress and undress independently, with difficulty. She is unable to prepare meals for herself and is relying on food prepared by friends and family, or alternatively, obtained from Meals on Wheels. She was required to remove the bidet attachment in the main floor powder room in order to install the raised toilet seat, eliminating this tool she relied on to clean her perineum. She noted not having showered since leaving the hospital, "I feel disgusting."

Please refer to the attendant care needs section of this report for more information.

Home Management Activities:

Prior to the subject MVA, Ms. Bollar was managing the entirety of her home, both indoors and outdoors independently. She reported being very particular about maintaining her home in a state of cleanliness and general organization. She would engage in weekly thorough cleaning of floor surfaces, as well as dusting of the main living areas of her home. She washed her dishes daily and managed her laundry independently. She was also independent with outdoor management tasks, including cutting grass, maintaining her garden, and shoveling snow on her walkway. She had a snow removal contract in place for clearing the snow from her driveway.



Noteworthy, is that she remains unable to drive at this time, impeding her ability to obtain groceries and supplies independently.

Finances/Financial Management:

Ms. Bollar has been independent in the management of her finances both pre and post-accident.

Caregiving Activities:

Ms. Bollar was not responsible for any caregiving activities prior to the subject MVA.

Vocational Activities:

Ms. Bollar was not employed at the time of the subject MVA.

Leisure Activities:

Prior to the subject MVA, Ms. Bollar reported being a highly active individual, partaking in the following leisure and recreational activities:

- Yoga
- Walking
- Gardening
- Travel planning / organization
- Socializing with friends and family
- Spearheading or participating in various social initiatives.

At the time of this assessment, Ms. Bollar has seen a complete disruption of all leisure and recreational activities she enjoyed prior to the subject MVA.

Community Access:

Ms. Bollar reported being independent with all aspects of community access prior to the subject motor vehicle accident. She was able to drive in an unrestricted manner and made a point of leaving her home on a daily basis for some form of community activity. She reported no difficulty in this regard.

At the time of this assessment, Ms. Bollar is confined to the main floor of her home as she continues to recover. She remains unable to independently access stairs to exit her home without close stand-by supervision and is unable to transfer in and out of a vehicle or van due to ongoing issues with her left hip. She is requiring access to wheelchair patient transportation to attend medical appointments and otherwise is remaining in her home while she convalesces.

ASSESSMENT OF ATTENDANT CARE NEEDS:

The following is an Assessment of Attendant Care Needs based on reports of the client and direct observations as of January 30, 2024. The Ontario Society of Occupational Therapists report “Considerations for Occupational Therapists Completing an Assessment of Attendant Care Needs (Form 1)” was consulted for the completion of the assessment. As per the OSOT Guidelines, “this assessment of Attendant Care Needs (Form 1) is not simply the recording of what attendant care services are already in place. [This therapist’s] role is to determine the extent to which the client can perform the skills and activities identified in the Form 1 safely, functionally, and to objectively identify what assistance if any is needed from the present time into the future until another such re-assessment may identify modified needs.”

Part 1 – Level 1 Attendant Care (Routine personal care)

Task	Observations/Comments	Weekly Time Allotted
Dress <ul style="list-style-type: none"> Upper body Lower Body 	Ms. Bollar is independent with dressing and undressing, which she performs in a slow, planned manner.	0 minutes per week
Undress <ul style="list-style-type: none"> Upper body Lower Body 		0 minutes per week
Prosthetics	Not applicable.	0 minutes per week
Orthotics	Ms. Bollar is independent in donning and doffing her right-sided air cast.	0 minutes per week
Grooming <ul style="list-style-type: none"> Face Hands Shaving Cosmetics Brush/shampoo/dry/style hair Fingernails Toenails 	Ms. Bollar is independent with the management of core grooming tasks with the exception of toenail care. She is unable to reach her toes due to ongoing hip flexion restrictions.	5 minutes per week
Feeding	Ms. Bollar is currently unable to prepare complete meals for herself. She is able to prepare simple food items such as reheating prepared meals in the microwave and	420 minutes per week

	preparing her own morning tea. She makes use of the Rollator Walker to sit while her tea is prepared or her food is being warmed in the microwave and reported no significant issues with this task for the time being. She currently obtains food either from friends and family and supplements with as-needed purchase of Meals on Wheels prepared meals delivered to her door.	
Mobility *	Ms. Bollar is currently independent with the management of indoor mobility while remaining on the main floor of her home. She remains dependent on stand-by supervision for the management of stairs, which she avoids as much as possible. Assistance for stair management on a daily basis to access the second floor of her home for showering purposes is imminent and assistance for this task will be reflected herein.	140 minutes per week
Extra Laundering	Ms. Bollar does not present with any extra laundering needs at this time.	0 minutes per week

* Please note that as per the guidelines set forth by the Ontario Society of Occupational Therapists, assistance with mobility includes “all transfers both inside the home and out in the community” and “supervision and assistance when walking includes: stair climbing, mobility on ramps, into and out of home and/or lobby, garage, in the community etc.”

Part 2 – Level 2 Attendant Care (Basic supervisory functions)

Task	Observations/Comments	Weekly Time Allotted
Hygiene * <ul style="list-style-type: none"> Clean tub/shower/ sink after use Change bedding, make bed, clean room Ensure comfort and safety (bedroom) Assist in daily wearing apparel Hand/sort clothes to be laundered 	Ms. Bollar requires assistance to maintain all aspects of hygiene in her bathroom and bedroom environment.	135 minutes per week
Basic Supervisory Care **	Ms. Bollar is currently unable to exit her home safely in case of an emergency. She would be unable to meet the Available Safe Escape Time (ASET) to exit her home and is thus in need of 24-hour care at the time of this assessment.	9100 minutes per week
Coordination of Attendant Care	Ms. Bollar is independent with the scheduling of PSW services and remains cognitively intact and capable of orchestrating available services.	0 minutes per week

* The “Assessment of Attendant Care Needs” guidelines set forth by the Ontario Society of Occupational Therapists considers “supervisory functions for those who are emotionally, cognitively and/or physically in need of comfort (e.g. advocating for a child or someone who is cognitively impaired)”. The OSOT guidelines further state that the “family may be ensuring comfort, safety and security in this (hospital) environment and these activities should be considered an attendant care need under Level 2”.

** As per the National Research Counsel of Canada (2006), the Available Safe Escape Time (ASET) for a single-family house equipped with smoke alarms, may only be 3 minutes. The Required Safe Escape Time (RSET) is the amount of time required for an individual to evacuate or reach an area of safety. Factors that impact the ability to evacuate quickly include age, sleep stage (those in deep stages have more difficulty being roused), drugs (e.g., individuals taking a sleeping aid) and alcohol consumption, and those who have physical and mental disabilities. In Canada, winter conditions must also be considered, as “preparation for further action” activities including donning boots and coats, and gathering belongings, require additional time.



Part 3 – Level 3 Attendant Care (Complex health/care and hygiene functions)

Task	Observations/Comments	Weekly Time Allotted
Genitourinary Tracts	Ms. Bollar is independent with the management of her urinary needs. She is able to independently access the main floor powder room and clean herself after urinating without assistance.	0 minutes per week
Bowel Care	Ms. Bollar is independent with the management of her bowel needs. She is able to independently access the main floor powder room and clean herself after completing a bowel movement without assistance.	0 minutes per week
Tracheostomy	NA	0 minutes per week
Ventilator Care	NA	0 minutes per week
Exercise	Ms. Bollar does not currently have any home exercises to perform other than to walk on a regular basis to improve her mobility and standing tolerance.	0 minutes per week
Skin Care	Ms. Bollar does not present with any skin care requirements at this time.	0 minutes per week
Medication	Ms. Bollar is independent with the management of her medication at this time.	0 minutes per week
Bathing <ul style="list-style-type: none">• Bathtub or shower• Bed bath• Oral Hygiene (including dentures)• Transfer, bathing and drying, prep equipment,	Ms. Bollar requires assistance for the completion of sponge-bathing through setup of necessary equipment, assistance with washing her back as well as assistance for	280 minutes per week



clean equipment, apply creams, etc.	cleaning-up after her sponge bath is complete.	
Other Therapy (TENS, DCS)	NA	0 minutes per week
Maintenance of Equipment and Supplies	Ms. Bollar does not have any equipment requiring regular maintenance at this time.	0 minutes per week
Skilled Supervisory Care (for aggressive or violent behaviour)	Ms. Bollar does not present with any skilled supervisor needs at this time.	0 minutes per week

Attendant Care Calculation:

Part 1 - Routine Personal Care	0 hours per week	\$0 /month
Part 2 - Basic Supervisory Functions	0 hours per week	\$0 /month
Part 3 - Complex Health/Care and Hygiene	0 hours per week	\$0 /month

Total monthly assessed attendant care benefit: \$ (subject to limits under Statutory Accident Benefits Schedule)

CLOSING COMMENTS:

This therapist may be contacted through the offices of FERLAND & ASSOCIATES REHABILITATION INC. at 613-204-1549 or by email at ferland@ferlandassociates.com .

Sincerely,

Sebastien Ferland OT Reg.(Ont)

Encl: Form 1

An electronic signature was used in order to assist with a timely report. The assessor is in agreement with the content of the report, and has provided authorization to utilize the electronic signature.