**OCCUPATIONAL THERAPY IN-HOME ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name:** | Jean-Marc Ledoux | **Date of Birth:** | September 9, 1960 |
| **Address:** | 905 Main St E, Hawkesbury, ON K6A 1A6 | **Date of Loss:** | December 1, 2022 |
| **Telephone #:** | (613) 676-2300 |  |  |
| **Lawyer:** | Elaine Lachaîne | **Firm:** | Burn Tucker Lachaîne |
| **Adjuster:** | Ronald Collis | **Insurer:** | Intact Insurance |
|  |  | **Claim No.:** | 4034385449 |
| **Therapist:** | Sébastien Ferland OT Reg.(Ont.) | **Date of Assessment:** | October 8, 2024 |
|  |  | **Date of Report:** | October 8, 2024 |

**ASSESSOR QUALIFICATIONS:**

Mr. Ferland is an Occupational Therapist with over 25 years of experience in 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.

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.

**PURPOSE OF REFERRAL:**

Mr. Jean-Marc Ledoux was initially referred to Ferland & Associates Rehabilitation Inc. by his legal representative, Ms. Elaine Lachaîne of Burn Tucker Lachaîne, for an Occupational Therapy assessment and provision of OT services related to injuries sustained in a pedestrian-vehicle accident on December 1, 2022. This reassessment, conducted on October 8, 2024, serves to evaluate Mr. Ledoux's current functional status, document his progress since the last assessment, and provide updated recommendations for ongoing care and support.

**SUMMARY OF FINDINGS:**

Jean-Marc Ledoux, a 64-year-old former Ontario Provincial Police officer who has been on long-term disability since 2000, continues to face significant challenges stemming from injuries sustained in a pedestrian-vehicle accident on December 1, 2022. This reassessment reveals that despite ongoing interventions and medical treatments, Mr. Ledoux's overall condition has not shown substantial improvement since the initial assessment.

Mr. Ledoux's physical impairments remain a primary concern. He continues to experience severe pain and mobility issues, particularly affecting his left ankle, knee, and hip. Pain levels frequently fluctuate between 5/10 and 10/10, significantly impacting his daily functioning. The persistence of these symptoms, despite multiple surgeries and ongoing medical interventions, has resulted in minimal functional gains. Of particular concern is the state of Mr. Ledoux's left ankle, which has shown poor healing progress. Recurring issues with the surgical incision, including persistent weeping and discoloration, have necessitated frequent medical follow-ups and have contributed to his limited mobility.

Cognitively, Mr. Ledoux exhibits periods of confusion and memory issues. He often struggles with word-finding and has difficulty organizing his thoughts, as noted in interactions with his Rehabilitation Assistant (RA). These cognitive challenges, combined with his physical limitations, have significantly impacted his ability to manage daily tasks independently.

Emotionally, Mr. Ledoux continues to grapple with symptoms of depression and anxiety. His emotional state is characterized by frequent mood fluctuations, ranging from expressed gratitude for support to deep frustration with his slow recovery process. The ongoing nature of his injuries and the resulting social isolation have exacerbated these emotional challenges, contributing to a diminished quality of life.

Functionally, Mr. Ledoux remains largely homebound, requiring assistance for most activities of daily living. He is unable to engage in previous leisure activities, including playing musical instruments, which were once integral to his sense of self and overall well-being. His mobility is severely restricted, necessitating the use of a cane or walker for all movements. Even with these aids, Mr. Ledoux's balance and stability are precarious, leading to multiple instances of near-falls as reported by his RA.

Safety has emerged as a significant concern. Mr. Ledoux requires constant supervision during mobility, especially when navigating stairs or curbs. Reports of nighttime incidents, including possible sleep-walking and unsafe behaviors such as leaving the oven on, raise concerns about his safety when alone in his apartment.

Despite these challenges, Mr. Ledoux has shown moments of resilience. He expresses consistent appreciation for the social interaction provided through RA sessions, which have become a crucial lifeline to the outside world. These sessions, typically involving short outings for coffee and drives around Hawkesbury, offer Mr. Ledoux brief respites from his isolation and pain.

Medically, Mr. Ledoux continues to navigate a complex landscape of treatments and interventions. Recent cataract surgery has improved his vision, providing a rare positive development in his overall health picture. However, ongoing issues with his ankle, knee, and prostate have necessitated multiple medical appointments and potential future surgeries, adding to the overall burden of his condition.

In conclusion, this reassessment finds that Jean-Marc Ledoux's situation remains critically impaired across physical, cognitive, emotional, and functional domains. The chronic nature of his pain, combined with persistent mobility issues and cognitive challenges, continues to severely limit his independence and quality of life. Despite the supportive interventions in place, including regular RA sessions and medical treatments, Mr. Ledoux's overall condition has not shown significant improvement, underscoring the severe and potentially permanent nature of his accident-related impairments.

**RECOMMENDATIONS:**

**Attendant Care:**

Mr. Ledoux is currently in need of 31.4 hours per week of Attendant Care to support him during his recovery by providing assistance for the management of those self-care activities listed in the Assessment of Attendant Care Needs Form (Form 1). Total monthly attendant care benefit: **$2025.27/mth**.

**Housekeeping:**

Mr. Ledoux is unable to manage any of his pre-accident housekeeping tasks and is dependent on his CCAC-provided PSW for support in maintaining his home environment. He is currently in need of approximately 3 hours per week of housekeeping and home maintenance assistance to maintain his small living space.

**Further Occupational Therapy Interventions:**

Mr. Ledoux would benefit from engagement in monthly OT Treatment sessions to foster his engagement in meaningful activity and to ensure his safety through provision of appropriate devices and education.

He would also benefit from sessions with a rehabilitation assistant (RA) twice weekly for a period of 3 hours to foster his engagement in meaningful activity, foster community outings and support the overall thrust of OT interventions which are critical at this juncture of his recovery.

**Referral for Other Services:**

Mr. Ledoux would benefit from engagement in a multi-disciplinary treatment coordinated by a qualified Case Manager. The complexity of Mr. Ledoux’s medical condition and significant emotional and cognitive challenges cannot be adequately managed under current funding restrictions.

**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 Ms. Elaine Lachaîne.
* The purpose of this assessment is to assess Mr. Ledoux’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. Ledoux 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):
* Burn Tucker Lachaîne, c/o Elaine Lachaîne, Legal Representative

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

**DOCUMENTATION REVIEWED:**

# At the time of this assessment, this therapist was provided with the following documentation:

* Medical Records from The Ottawa Hospital, 1423 pages

**PRE-ACCIDENT MEDICAL HISTORY:**

Based on the Admission Record from B2 - The Ottawa Hospital, Mr. Ledoux presents with the following pre-accident medical and social history:

* Isolation (social)
* Anxiety disorder, unspecified
* Borderline personality disorder
* Adjustment disorder
* Essential tremor
* Chronic pain
* Diabetes mellitus, type 2
* GERD (gastroesophageal reflux disease)
* HTN (hypertension)
* Smoker
* COPD (chronic obstructive pulmonary disease)
* Bipolar disorder
* Family history of DVT
* Epistaxis
* Parkinsons
* Sleep apnea
* Asthma
* Dyslipidemia
* Sleep apnea

Mr. Ledoux also shared with this therapist that his longstanding history of mental health struggles led to a history of two (2) suicide attempts (one at age 16 via CO asphyxiation and in his twenties through planned medication overdose).

**NATURE OF INJURY:**

On December 1, 2022, Mr. Ledoux was a pedestrian struck by a motor vehicle resulting in significant orthopedic and lacerative injuries.

Based on this assessment and through a review of available medical records, Mr. Ledoux has sustained the following injuries as a result of the subject motor vehicle accident:

* Left Medial Malleolus Fracture Open Reduction, Internal Fixation
* Patellar Open Reduction, Internal Fixation
* Post-surgical infarction requiring hardware removal February 2, 2023
* Wound healing concerns and exposed bone requiring debridement, flap and skin grafts (with subsequent infections), March 18, 2023
* 2 rib fractures

**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. Prochino (GP) and Lucy Bedard (Nurse Practitioner) | Unsure | Monitoring medications | TBD |
| Dr. Garceau, Orthopedic Surgeon | June 2024. Second opinion requested. | Conducted CT scans, x-rays. Informed Mr. Ledoux that he would need a total knee replacement and later a left hip replacement. He noted his foot incision to be without infection but still open and weeping. He also reportedly recommended physiotherapy for his hands and feet. | TBD |

**MEDICATION:**

|  |  |  |
| --- | --- | --- |
| **Medication Name** | **Dosage/Frequency** | **Purpose** |
| Dilaudid | 4mg, 2X/day increased from 2 mg | Pain management |
| Hydromorphone | 6mg, 2X/day | Pain management |
| Lyrica | 50 mg, 2X/day | Lessen shock impulse up the nerves |
| Apo-Aripiprazole | 6mg, 1X/day | Antipsychotic |
| Pms-Perindopril | 4mg, 1X/day | Hypertension |
| Jamp-Rabeprazole | 20mg, 2X/day | Acid reflux/GERD |
| Apo-Quetiapine | 25mg, 1X/day | Bipolar disorder |
| Auro-Metformin Blackberry | 500mg, 2X/day | Diabetes |
| Mylan-Divalproex | 500mg, 2X/day | Bipolar disorder |
| Primidone | 125mg, 1X/day | Anti-seizure medication |
| Teva-Trazodone | 150mg, 1X/day | Sleep aid |
| Taro- Rosuvastatin | 20mg, 1X/day | High Cholesterol |
| Sandoz-Pregabalin | 50mg, 2X/day | Neuropathic pain |
| Sandoz-Quetiapine XR | 50mg, 1X/day | Antipsychotic |
| Novo-Famotidine | 20mg, 2X/day | Acid reflux/GERD |
| Apo-Tamsulosin CR | 0.4mg, 1X/day | Enlarged prostate |
| Act-Venlafaxine XR | 150mg, 1X/day | Depression |
| Aspirin | 81mg, 1X/day | Blood thinner |
| Equate Melatonin | 5mg, 1X/day | Sleep aid |

**CLIENT REPORTED SYMPTOMS**

**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 ankle | He remains highly symptomatic, reporting feeling “like I’m walking on broken glass”. He reports ongoing “crunching” noises in his ankle | 8/10 - 10/10 |
| Left knee | Unable to straighten his knee and was recently informed that he will need a total left knee replacement. He will also later be investigated for a left hip replacement. | 4/10 at rest up to 8/10 when walking |
| Left hip | Frequent changes of position required when sitting in his recliner. He remains unable to sleep comfortably in his bed and opts to sleep on his recliner most of the time. | 5/10 during the day up to 7/10 at night |
| Pelvis | Frequent change of position required as he cannot obtain any relief from pelvic pain. | 7/10 |
| Left hand | Can’t bend wrist fully and is unable to grasp with his second and third digits. Limited fine motor coordination observed as significant and impeding his return to music playing, a primary pre-accident leisure outlet. | 7/10 |
| Left leg and forearm | Experiences what he describes as “nerve shocks” from his left ankle to his knee, and from his left wrist to his elbow. This has not changed in the last year. | 8/10 |

**Cognitive Symptoms:**

Mr. Ledoux's cognitive functioning has shown persistent challenges since the initial assessment, with some fluctuations noted over time. While he did not initially report significant cognitive changes, ongoing observations and interactions have revealed several areas of concern:

* Processing Speed and Attention: Mr. Ledoux frequently demonstrates slowed cognitive processing. This is evident in his interactions with his Rehabilitation Assistant (RA), where he often requires additional time to formulate responses or follow conversations. His attention span appears variable, with some days showing better focus than others.
* Memory: Short-term memory issues are prominent. Mr. Ledoux has shown difficulty remembering recent events and instructions. For instance, on September 24, 2024, he woke up confused about a medical appointment, momentarily forgetting that he had already undergone the procedure. He also frequently forgets items he intends to purchase or tasks he plans to complete during outings with his RA.
* Executive Functioning: Mr. Ledoux exhibits challenges with planning, organization, and problem-solving. This is evident in his difficulty managing daily tasks and making decisions. For example, he impulsively purchased a dog without considering his physical limitations in caring for it, leading to the immediate return of the animal (noted on September 5, 2024).
* Language: Word-finding difficulties have been observed regularly. The RA notes from July 30, 2024, specifically mention that Mr. Ledoux had difficulty formulating words and sentences during conversations. This issue appears to be intermittent but persistent.
* Concentration: Mr. Ledoux often struggles to maintain focus on tasks or conversations for extended periods. This is particularly noticeable during longer outings or when discussing complex topics.
* Temporal Awareness: There are indications of disrupted temporal awareness. Mr. Ledoux frequently loses track of time and has difficulty maintaining a consistent sleep-wake cycle, often oversleeping or being awake at unusual hours.
* Cognitive Fatigue: Reports indicate that Mr. Ledoux experiences significant cognitive fatigue, especially after engaging in activities that require sustained mental effort. This fatigue often leads to increased confusion and decreased functional ability.
* Judgment and Safety Awareness: There are concerns about Mr. Ledoux's judgment, particularly regarding his safety. Incidents such as leaving the oven on overnight (reported on October 8, 2024) suggest impaired risk assessment abilities.

These cognitive symptoms appear to be exacerbated by pain, fatigue, and emotional distress. The interplay between Mr. Ledoux's physical condition, pain levels, and cognitive functioning is complex and variable. Additionally, the potential impact of his medication regimen on cognitive function cannot be overlooked.

These cognitive challenges significantly impact Mr. Ledoux's daily functioning, independence, and overall quality of life. They contribute to his reliance on external support for managing daily activities and highlight the need for ongoing cognitive monitoring and support strategies.

**Emotional Symptoms:**

Mr. Ledoux continues to experience a range of emotional symptoms that significantly impact his daily life and overall well-being:

* Depression: Persistent low mood is evident, characterized by feelings of hopelessness and loss of interest in previously enjoyed activities. Mr. Ledoux frequently expresses feelings of being "locked in prison" in his apartment, indicating a sense of confinement and despair.
* Anxiety: Mr. Ledoux exhibits ongoing anxiety, particularly related to his medical condition and uncertain future. This is often manifested in worry about upcoming medical procedures and concern over his slow recovery process.
* Social Isolation: Despite regular interactions with his Rehabilitation Assistant (RA), Mr. Ledoux remains largely isolated from broader social connections. The loss of his father, whom he described as his "best friend," has deepened this sense of isolation.
* Emotional Lability: RA notes indicate fluctuations in Mr. Ledoux's emotional state, ranging from expressions of gratitude and positivity to periods of frustration and despair. This emotional instability appears to be closely tied to his physical pain levels and perceived progress in recovery.
* Grief and Loss: Mr. Ledoux continues to grapple with the loss of his previous lifestyle and independence. This is particularly evident in his inability to engage in meaningful activities such as playing musical instruments.
* Frustration and Anger: There are frequent reports of Mr. Ledoux expressing frustration with his slow recovery and the limitations imposed by his condition. This frustration sometimes manifests as irritability or anger.
* Fear and Uncertainty: Mr. Ledoux often expresses fear about his future, particularly concerning the potential for further medical complications or the possibility of losing his leg due to ongoing ankle issues.

**Symptom Management Strategies:**

Mr. Ledoux reported making use of the following strategies to manage his symptoms at this time:

* Rest
* Activity avoidance
* Medication

**FUNCTIONAL AND BEHAVIOURAL OBSERVATIONS:**

**Tolerances, Mobility and Transfers:**

|  |  |
| --- | --- |
| **Activity** | **Client Report and Therapist Observations** |
| Sitting and repositioning | Mr. Ledoux continues to spend most of his day in his recliner sofa. He frequently repositions due to pain and discomfort. During RA sessions, he was observed sitting for 20-30 minute periods before needing to change position or stand. |
| Bed mobility | Mr. Ledoux alternates between sleeping in his recliner and bed, using his bed 3-4 nights per week as of March 2024. He reports ongoing pain when turning or repositioning in bed. |
| Transfers | Mr. Ledoux demonstrates persistent difficulty with all transfers, relying heavily on his cane or walker. He frequently pauses mid-transfer to stabilize himself. Toilet transfers remain challenging despite the raised toilet seat. Bathtub transfers have not been reassessed due to ongoing ankle wound issues precluding showering. |
| Standing | Standing tolerance remains limited to a few minutes before needing to sit due to pain and fatigue. During community outings, he requires frequent rest breaks and often uses a wheelchair for longer distances. |
| Balance | Balance is a significant ongoing concern. Mr. Ledoux remains unable to perform the Four-Stage Balance Test without support. Multiple near-falls have been reported, particularly when navigating curbs or stairs. His balance is further compromised by knee pain and ankle instability. |
| Walking | Ambulation remains severely impaired. Mr. Ledoux consistently uses a cane or walker, demonstrating a slow, unsteady gait with frequent pain reports. Walking is limited to short distances within his apartment or during brief community outings. He requires close supervision, especially on uneven surfaces. |
| Stairs | Stair navigation continues to be hazardous. The three steps to his apartment require close supervision and often physical assistance. Mr. Ledoux ascends and descends very slowly, pausing between steps to regain balance and strength. |
| Lifting/Carrying | Mr. Ledoux cannot carry objects while using mobility aids. With his walker, he can transport small, light objects on the seat. Grip strength and fine motor control in his left hand remain significantly impaired, further limiting his carrying ability. |
| Kneeling | Mr. Ledoux remains unable to kneel due to pain and instability in his left leg. This activity has not been attempted in recent months due to safety concerns. |
| Squatting/Crouching | Squatting and crouching continue to be impossible for Mr. Ledoux. These positions cause severe pain and pose a high fall risk. He avoids these movements entirely. |
| Bending | Mr. Ledoux can bend forward slightly while seated, but standing bends are severely limited due to pain and balance issues. He often requires assistance to reach items below waist level. |
| Reaching | Reaching ability remains compromised, especially with the left arm. Mr. Ledoux's left shoulder shows limited range of motion (approximately 50% of normal) in all planes. He compensates by relying more on his right arm for reaching tasks. |
| Fine Motor Coordination | Significant issues persist with fine motor coordination in the left hand. Mr. Ledoux struggles with tasks requiring precise finger movements or grip strength. He consistently relies on his right hand for tasks requiring dexterity. |

**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 | | Neck range of motion is generally preserved with reports of stiffness/pain stiffness and pain with active range of motion and in neutral position. |
| Lateral flexion | WFL | WFL |
| Rotation | WFL | WFL |
| Extension | WFL | |
| **Shoulder** | Flexion | WFL | ½ range | Left shoulder range of motion significantly impaired in all planes. |
| Extension | WFL | ½ range |
| Abduction | WFL | ½ range |
| Adduction | WFL | ½ range |
| Internal rotation | WFL | ½ range |
| External rotation | WFL | ½ range |
| **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 | ½ range | | Mr. Ledoux is unable to effectively bend forward and reach beyond his upper-thighs as a result of severe pain he experiences in his lumbar spine. |
| Lateral flexion | ½ range | ½ range |
| Rotation | ½ range | ½ range |
| **Hip** | Flexion | WFL | WFL | No identified limitations. |
| Extension | WFL | WFL |
| **Knee** | Flexion | WFL | WFL | Unable to fully straighten or bend his left knee. |
| Extension | WFL | ¾ range |
| **Ankle** | Dorsiflexion | WFL | WFL | No identified limitations. |
| Plantar flexion | WFL | WFL |

**EMOTIONAL PRESENTATION:**

Mr. Ledoux's emotional presentation continues to be complex and variable. Throughout the reassessment period and as observed in RA sessions, his emotional state has shown the following characteristics:

* Mood Fluctuations: Mr. Ledoux exhibits significant mood swings. On many occasions, he presents as being in a "good" or "pretty good" mood at the start of RA sessions, particularly when anticipating community outings. These positive states are often interspersed with expressions of frustration, anxiety, and sadness.
* Flat Affect: Despite reporting being in a "good" mood, Mr. Ledoux frequently displays a flat affect. There is often a noticeable disconnect between his verbalized mood and his emotional expression.
* Emotional Lability: There are instances of rapid emotional shifts, particularly when discussing his medical condition or limitations. For example, he can quickly transition from expressing gratitude for support to tears of frustration about his slow recovery.
* Anxiety: Mr. Ledoux frequently expresses worry about his health, particularly concerning his unhealing ankle wound and potential future surgeries. This anxiety often manifests as physical restlessness or verbal repetition of medical concerns.
* Grief and Loss: Mr. Ledoux continues to express feelings of loss, both for his previous lifestyle and for deceased family members. This grief often emerges unexpectedly during conversations.
* Social Withdrawal: While Mr. Ledoux expresses appreciation for social interaction during RA sessions, he rarely discusses social connections outside of these structured interactions.
* Frustration and Anger: Expressions of frustration and occasional anger are noted, particularly when Mr. Ledoux encounters physical limitations or experiences increased pain. These emotions are often followed by periods of resignation or apathy.

**COGNITIVE PRESENTATION:**

Mr. Ledoux's cognitive presentation shows several areas of concern:

* Attention and Concentration: During RA sessions, Mr. Ledoux often struggles to maintain focus on conversations or tasks for extended periods. His attention appears to waver, especially when he reports being in pain or feeling tired.
* Memory: Mr. Ledoux frequently forgets recent events, appointments, or items discussed earlier in conversations. For instance, he has forgotten about scheduled appointments or the need to reschedule conflicting appointments, requiring prompts from his RA.
* Processing Speed: Mr. Ledoux often requires additional time to formulate responses to questions or to process new information. This is more noticeable when discussing complex topics or when he reports feeling fatigued.
* Executive Functioning: Mr. Ledoux demonstrates difficulties with planning, organization, and problem-solving. This is evident in his struggles to manage daily tasks and make decisions. For example, his decision to purchase a dog without considering the implications, which he later regretted.
* Language: Word-finding difficulties are frequently observed. Mr. Ledoux often pauses mid-sentence, searching for words, or uses vague language. This issue appears to fluctuate in severity but is consistently present.
* Spatial Awareness: Mr. Ledoux has experienced frequent near-falls and difficulty judging distances, particularly when navigating curbs.
* Cognitive Fatigue: Mr. Ledoux demonstrates increased difficulty with cognitive tasks as sessions progress. He often reports feeling mentally exhausted towards the end of interactions.
* Insight: Mr. Ledoux acknowledges some memory problems but does not always recognize the extent of his difficulties in other cognitive areas.

Mr. Ledoux's cognitive presentation is observed to vary based on his reported pain levels, fatigue, and emotional state. The interplay between his physical condition and cognitive functioning creates a complex clinical picture that requires ongoing monitoring and support.

**TYPICAL DAY:**

Mr. Ledoux's daily routine remains significantly altered from his pre-accident lifestyle, with minimal changes observed since the initial assessment. His typical day is characterized by limited activity and prolonged periods of sedentary behavior:

Morning:

* Mr. Ledoux's wake time is inconsistent, ranging from early morning to late afternoon. He often reports difficulty sleeping through the night due to pain and discomfort.
* Upon waking, he frequently requires time to manage pain and stiffness before attempting to start his day.
* He often skips breakfast or has a light meal, sometimes relying on his Personal Support Worker (PSW) for meal preparation.

Daytime:

* The majority of Mr. Ledoux's day is spent in his recliner sofa, alternating between sitting and reclining positions to manage pain and discomfort.
* He spends considerable time watching television, which serves as his primary form of entertainment and distraction from pain.
* Mr. Ledoux receives visits from his PSW three times a week, who assists with meals, light housekeeping, and personal care.
* He receives daily nursing care for dressing changes to his left foot, where ongoing wound issues persist.

Outings and Activities:

Once weekly, Mr. Ledoux participates in outings with his Rehabilitation Assistant. These typically involve:

* A trip to Tim Hortons to purchase coffee
* A drive outside of Hawkesbury
* Occasional stops at convenience stores to check lottery tickets

These outings are highly valued by Mr. Ledoux and represent his primary form of community engagement and social interaction.

Evening:

* Mr. Ledoux's evening routine is unstructured. He often continues watching television or resting in his recliner.
* Meal times are irregular, with Mr. Ledoux sometimes skipping meals or eating at unconventional hours.
* He reports occasional episodes of nighttime eating, sometimes waking to find evidence of having eaten without remembering doing so.

Night:

* Sleep patterns remain disrupted. Mr. Ledoux alternates between sleeping in his recliner and his bed, with increasing use of his bed (3-4 nights per week) noted.
* He frequently experiences sleep disturbances due to pain, often waking multiple times throughout the night.
* There have been reports of possible sleepwalking or engaging in activities during the night without full awareness.

Throughout the day, Mr. Ledoux manages his numerous medications, which include pain management and treatments for various chronic conditions. His level of engagement and mood fluctuate, often correlated with his pain levels and fatigue.

**DESCRIPTION OF LIVING ENVIRONMENT:**

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE OF DWELLING** | Apartment, main floor, outdoor access via two concrete steps in disrepair | | |
| **ROOMS** | **Qty** | **LOCATION/DESCRIPTION** | **FLOOR COVERING** |
| Bedrooms | 1 | Main floor | Laminate |
| Bathrooms | 1 | Main floor | Tile |
| Living Room | 1 | Main floor | Laminate |
| Family Room | 0 | NA | NA |
| Dining Room | 0 | NA | NA |
| Kitchen | 1 | Round table and 4 chairs in the kitchen | Laminate |
| Laundry | 1 | Washer and dryer located in the kitchen | Laminate |
| Stairs | 2 | Two steps in state of disrepair and not meeting code requirements to be navigated to access his main floor apartment. He notes that his mother recently fell and hit her head while visiting him. | Concrete |
| Basement | 0 | NA | NA |
| Driveway Description | No driveway. | | |
| Yard description | No yard. | | |

**LIVING ARRANGEMENTS/SOCIAL STATUS:**

|  |  |
| --- | --- |
| **Marital Status** | Married ☐ Single ☒ Common Law ☐ Other ☐ |
| **Living Arrangement** | Lives alone in an apartment |
| **Children** | None |

**ACTIVITIES OF DAILY LIVING (Pre- and Post-Accident):**

**Self-Care Activities:**

Mr. Ledoux continues to require significant assistance with self-care activities, showing minimal improvement since the initial assessment:

* Bathing: Mr. Ledoux remains limited to sponge bathing due to ongoing issues with his ankle wound. He receives assistance from his PSW for this task three times a week.
* Dressing: While Mr. Ledoux can manage some aspects of dressing independently, he often requires extended time and experiences pain during the process. He frequently opts for easily manageable clothing like track pants to minimize discomfort.
* Grooming: Basic grooming tasks are managed with difficulty. Mr. Ledoux requires assistance with more complex tasks such as nail care.
* Toileting: The use of a raised toilet seat continues to be beneficial, but Mr. Ledoux still experiences challenges with transfers and reports discomfort during toileting.
* Medication Management: Mr. Ledoux manages his medications independently but relies on blister packs for organization. He occasionally forgets doses, particularly when his routine is disrupted.
* Eating: While able to feed himself, Mr. Ledoux often relies on pre-prepared meals or assistance from his PSW for meal preparation. He reports inconsistent eating patterns, sometimes skipping meals or eating at irregular hours.

**HOUSEKEEPING ACTIVITIES:**

Mr. Ledoux remains largely unable to manage housekeeping tasks independently:

* Cleaning: He is unable to perform most cleaning tasks due to mobility limitations and pain. Light tidying is occasionally attempted but with significant difficulty.
* Laundry: Mr. Ledoux relies entirely on his PSW for laundry tasks.
* Meal Preparation: Beyond simple tasks like microwaving, Mr. Ledoux is unable to prepare meals independently. He relies on his PSW and Meals-on-Wheels services.
* Groceries: Mr. Ledoux occasionally makes trips to Walmart using taxi services but requires assistance with shopping and carrying items. More often, he relies on others to shop for him.
* Home Maintenance: Mr. Ledoux is unable to perform any home maintenance tasks. Minor issues in his apartment often go unaddressed until his PSW or family members can assist.

**Caregiving Activities:**

Mr. Ledoux is not responsible for caregiving activities. Prior to the accident, he was the primary caregiver for his father, who has since passed away. The loss of this caregiving role has contributed to Mr. Ledoux's sense of purposelessness and social isolation.

**Vocational Activities:**

Mr. Ledoux has not been employed since 2000 when he left his position with the OPP due to a diagnosis of bipolar disorder. He was not employed at the time of the accident and remains unable to engage in any form of employment due to his physical limitations, cognitive challenges, and ongoing medical issues.

**Leisure Activities:**

Mr. Ledoux's engagement in leisure activities remains severely limited:

* Music: Despite having musical instruments in his apartment, Mr. Ledoux remains unable to play due to physical limitations and pain.
* Outdoors Activities: His previous routine of feeding birds and ducks at a local park has been completely interrupted. Occasional short drives with the RA have become his primary outdoor activity.
* Social Interaction: Regular sessions with the RA have become Mr. Ledoux's main form of social engagement. He expresses great appreciation for these interactions.
* Television: Watching TV has become Mr. Ledoux's primary leisure activity, often serving as a means of distraction from pain and isolation.
* Community Outings: Weekly outings with the RA, typically to Tim Hortons and for short drives, have become significant events in Mr. Ledoux's routine. These outings, while limited in scope, provide important opportunities for community engagement.
* Lottery: Purchasing and checking lottery tickets has emerged as a small but consistent leisure activity, often incorporated into RA outings.

**Community Access:**

Mr. Ledoux's ability to access the community remains significantly impaired since the initial assessment, with some notable developments:

Limited Independent Mobility: Mr. Ledoux continues to be largely confined to his apartment due to mobility issues, pain, and fatigue. His independent community access is severely restricted, primarily due to difficulty navigating the three steps at the entrance of his building and limited walking endurance.

Structured Outings: The bi-weekly sessions with his Rehabilitation Assistant (RA) have become Mr. Ledoux's primary means of accessing the community. These outings typically include:

* Visits to Tim Hortons for coffee
* Short drives around Hawkesbury and surrounding areas
* Occasional stops at convenience stores to purchase lottery tickets

Vehicle Purchase and Limitations: In early 2024, Mr. Ledoux purchased a new vehicle, anticipating increased independence in community access. However, this decision proved premature:

* As noted in the RA report from June 7, 2024, Mr. Ledoux expressed regret over the purchase, realizing he couldn't drive it effectively due to fatigue and pain experienced while walking to and from the vehicle.
* On June 11, 2024, he further elaborated that he had "purchased the vehicle prematurely and should have waited until he had progressed farther along in his recovery." The vehicle remains largely unused, parked behind his building, with a neighbor agreeing to clear snow around it during winter months.

Assisted Transportation: When necessary, Mr. Ledoux relies on taxi services for essential trips, such as medical appointments or occasional shopping at Walmart. During these outings:

* He requires the use of mobility aids (cane or walker) and often uses store-provided motorized carts for longer distances.
* He frequently needs assistance from store staff or taxi drivers to manage purchases and navigate the store environment.

Physical Barriers: The three steps leading to Mr. Ledoux's apartment continue to be a significant barrier to community access. These steps, described as uneven and not meeting code requirements, pose a consistent safety risk and often require close supervision or assistance from the RA or others.

Fatigue and Pain Impact: Even when transportation is available, Mr. Ledoux's ability to engage in community activities is limited by fatigue and pain. Short outings often leave him exhausted, necessitating rest upon return to his apartment.

Social Engagement: While Mr. Ledoux expresses appreciation for the community outings with his RA, his overall social engagement in the community remains minimal. He rarely interacts with neighbors or participates in community events.

Weather Considerations: Mr. Ledoux's community access is further impacted by weather conditions. Inclement weather, particularly in winter, significantly increases the challenges and risks associated with leaving his apartment.

**Volunteer Activities:**

Mr. Ledoux was not involved in any volunteer activities prior to the subject motor vehicle accident.

**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 October 8, 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   * Upper body * Lower Body | Mr. Ledoux demonstrated the strength, range of motion and postural tolerances required to manage dressing and undressing activities independently. He confirmed that he manages this task independently albeit in a slow manner at times with breaks if symptoms are flared. | 0 minutes per week |
| Undress   * Upper body * Lower Body | 0 minutes per week |
| Prosthetics | NA | 0 minutes per week |
| Orthotics | NA | 0 minutes per week |
| Grooming   * Face * Hands * Shaving * Cosmetics * Brush/shampoo/dry/style hair * Fingernails * Toenails | Mr. Ledoux requires assistance with hair care, fingernail and toenail care. | 65 minutes per week |
| Feeding | Mr. Ledoux is unable to prepare meals for himself and requires assistance with all aspects of meal preparation. | 420 minutes per week |
| Mobility **\*** | Mr. Ledoux would benefit from assistance to walk outside of his home for short periods three times daily. | 420 minutes per week |
| Extra Laundering |  | 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 **\***   * 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 | Mr. Ledoux requires assistance with the management of all hygiene tasks listed in this section of the Form 1. He is confined to his apartment and benefits from a 2 hours per day of assistance for ensuring his comfort and security in his environment through a combination of phone check-ins and in-person visits. | 1015 minutes per week |
| Basic Supervisory Care **\*\*** | No needs identified at this time for this section. This will be monitored through the course of OT treatment delivery. | 0 minutes per week |
| Coordination of Attendant Care |  | 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 | No needs identified. | 0 minutes per week |
| Bowel Care | No needs identified. | 0 minutes per week |
| Tracheostomy | Not applicable. | 0 minutes per week |
| Ventilator Care | Not applicable. | 0 minutes per week |
| Exercise | No exercise program prescribed yet. | 0 minutes per week |
| Skin Care | CCAC is currently managing skin care issues which are concluding as of the time of drafting this report. No identified needs expected. | 0 minutes per week |
| Medication | Mr. Ledoux is independent in the management of his medication. He has his prescriptions delivered to his home. | 0 minutes per week |
| Bathing   * Bathtub or shower * Bed bath * Oral Hygiene (including dentures) * Transfer, bathing and drying, prep equipment, clean equipment, apply creams, etc. | Mr. Ledoux requires assistance for the completion of a daily sponge bath to be soon transitioned to assistance in showering (once his skin graft fully heals, imminently expected). | 175 minutes per week |
| Other Therapy (TENS, DCS) | NA | 0 minutes per week |
| Maintenance of Equipment and Supplies | NA | 0 minutes per week |
| Skilled Supervisory Care (for aggressive or violent behaviour) | NA | 0 minutes per week |

Attendant Care Calculation:

Part 1 - Routine Personal Care 11.58 hours per week $742.14/mth

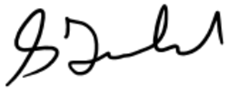
Part 2 - Basic Supervisory Functions 16.92 hours per week $1018.38/mth

Part 3 - Complex Health/Care and Hygiene 2.92 hours per week $264.75/mth

**Total monthly assessed attendant care benefit: $2025.27** (subject to limits under Statutory Accident Benefits Schedule)

**CLOSING COMMENTS:**

This therapist may be contacted through the offices of FERLAND & ASSOCIATES REHABILITATION INC. at 613-776-1266 or by email at info[@ferlandassociates.com](mailto:ferland@ferlandassociates.com) .

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sebastien Ferland OT Reg.(Ont)

Encl: Form 1

Cc: Burn Tucker Lachaîne ℅ Elaine Lachaîne

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***.***