

**OCCUPATIONAL THERAPY  
IN-HOME ASSESSMENT**

**Client Name:** Ms. Sophia Fincham **Date of Loss:** 2017-05-18

**Address:** 8 Rudd Avenue, Kingston, ON  
K7L 4V1

**Telephone #:** 613-805-3474

**Lawyer:** Frank McNally **Firm:** McNally Gervan **Adjuster:** NA **Insurer:** NA

**Claim No.:** NA

**Therapist:** Sebastien Ferland OT Reg.(Ont.) **Date of Assessment:** 2021-05-20 **Date of**

**Report:** 2021-06-21

**THERAPIST QUALIFICATIONS:**

Sebastien is an Occupational Therapist with over 23 years of experience. His professional practice began in 1998 when he graduated Magna Cum Laude from the University of Ottawa and launched himself in the world of private business. Over the years, Sebastien has provided services to the automobile insurance and legal communities as well the WSIB, Veterans Affairs and the Long Term Disability sector.

Sebastien has extensive experience working with individuals suffering from catastrophic injuries. He provides assessment and treatment services as a primary Occupational Therapist as well as a Case Manager for individuals who sustained traumatic brain injuries, spinal cord injuries and amputations. He also has extensive experience working with individuals who have been deemed to meet the catastrophic threshold on the basis of psychological and/or psychiatric impairments.

Over his years of working with individuals injured in motor vehicle accidents, Sebastien developed a strong interest in the field of mental health, focussed on functional reactivation for injured individuals suffering from depression, anxiety and posttraumatic stress. His clinical acumen has led him to be qualified as an Expert in his field by the Ontario Superior Court of Justice.

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ferland@ferlandassociates.com

**Date of Report:** 2021-06-21

**PURPOSE OF REFERRAL:**

Ms. Fincham was referred to Ferland & Associates Rehabilitation Inc. by her legal representative Mr. Frank McNally of McNally Gervan. The purpose of this referral was to conduct an In-Home Assessment of Ms. Fincham in relation to injuries she sustained in a motor vehicle accident which occurred on May 18, 2017 and to provide recommendations for treatment.

## SUMMARY OF FINDINGS:

Ms. Fincham is a 30-year-old woman who was involved in a significant T-bone collision on May 18, 2017, resulting in a number of soft-tissue injuries and a concussion. Prior to the subject MVA, Ms. Fincham led a highly active lifestyle, enjoying a wide array of sporting activities. She describes a past medical history for anxiety issues resulting from difficult interactions with her alcoholic father. She notes having been prescribed medication intermittently throughout her young adulthood, but notes that she remained highly active in all aspects of her life.

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

- Concussion
- Whiplash injury
- Sprained right rotator cuff
- Sprained wrists, bilaterally
- Sprained right elbow

Ms. Fincham's course of recovery has been found to be limited in terms of rehabilitation initiatives. She reported having obtained a short course of physiotherapy services through Pro Physio & Sports Medicine Centre under the Minor Injury Guideline and that she was discharged from care once the funding ran out. She obtained a course of four additional treatments in 2019 and has since not received any form of treatment. She noted that she continues to struggle with physical pain, as well as an array of emotional and cognitive issues which persist to this day. She has been followed by her GP Dr. Holman, whom she has not visited since the Summer of 2020.

Ms. Fincham noted that she does not currently make use of any prescription medication. She noted that she has purchased Adderall tablets on the black market to help with focus during exams and that she also self-medicates with alcohol and marijuana on a daily basis. She noted that she will drink anywhere between 5 – 10 beers per night. She continues to experience pain, such as headaches/migraines, neck pain, bilateral shoulder pain, thoracic spine pain and numbness in her left hand. She also endorsed a number of cognitive symptoms including poor focus and concentration. She indicated making use of Adderall and Vyvanse purchased on the black market to assist her with studying for exams. Ms. Fincham also noted a significant psychological deterioration which occurred following the accident. She highlighted the following emotional issues:

- Highly reactive, will have bursts of anger or be brought to tears easily
- Increase moodiness

- Bouts of road rage, irritable when driving
- "I feel mad for no reason"

- “I am mean to people I love”
- Increased social isolation
- Feels tired all the time
- Most days are bad, “70% shitty and 30% ok”
- Unable to cope with stress
- Drinks daily large quantities of alcohol to numb herself

At this juncture, it is clear that Ms. Fincham has developed a number of issues which are impacting her ability to function effectively. While she is working a high number of hours as a respiratory therapist at the KGH, she is not functioning well outside of her work setting. She shared concerns that her current lifestyle may impact her ability to deliver quality care in the future if she does not obtain help.

This therapist would note that the numerous issues which she continues to struggle with cannot adequately be addressed within the Minor Injury Guideline. Ms. Fincham would benefit from access to Occupational Therapy and Psychology to assist her with developing a healthier array of coping strategies.

## **RECOMMENDATIONS:**

### **Further Occupational Therapy Interventions:**

Ms. Fincham would benefit from access to bi-weekly Occupational Therapy treatment sessions to assist her with developing healthier coping strategies to manage her symptoms and foster engagement in meaningful activity. She is currently in a perpetual cycle of working long hours on a COVID ward and binge drinking after work. She also requires assistance from OT to develop strategies to mitigate her ongoing cognitive struggles.

### **Referral for Other Services:**

Ms. Fincham would also benefit from access to psychological care to assist her with managing her anxiety. A psychological assessment should be conducted to assess her needs in this regard.

## **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 her legal representative Mr. Frank McNally of McNally Gervan.
- The purpose of this assessment is to assess Ms. Fincham's current functional status as it relates to her ability to complete her reported 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.
- Ms. Fincham 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):
  - Frank McNally, McNally Gervan

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

## **DOCUMENTATION REVIEWED:**

### **1. Hospital Records**

#### **A. Kemptville District Hospital**

(1) Clinical notes and records received February 24, 2020

#### **B. The Ottawa Hospital**

(1) Clinical notes and records received July 21, 2020

#### **C. Queensway Carleton Hospital**

(1) Clinical notes and records received November 30, 2020

#### **D. Winchester Hospital**

(1) Clinical notes and records received November 26, 2020

### **2. Family Doctor**

- (1) Clinical notes dated May 23, 2017
- (2) Clinical notes and records received July 18, 2017
- (3) Clinical notes and records received August 20, 2019
- (4) Clinical notes and records received March 18, 2020

### 3. Treating Specialists

#### A. Pro Physic - Kemptville

- (1) Clinical Note dated May 24, 2017
- (2) Clinical Note dated May 24, 2017 re: changes
- (3) Clinical notes and records received August 10, 2020

### 4. OHIP decoded summary

#### A. OHIP Decoded Summary from May 18, 2012 to February 12, 2020

## **PRE-ACCIDENT MEDICAL HISTORY:**

Ms. Fincham reported a longstanding history of anxiety stemming from difficult interactions with her alcoholic father throughout her life. She noted that she has been prescribed medication in the past to manage her anxiety.

Ms. Fincham also noted having had an ovarian cyst which was diagnosed when she was 14 years old.

She declined the presence of any other medical condition or past medical issues which would impact her clinical presentation on the day of this assessment or her course of recovery from the injuries she sustained in the subject motor vehicle accident.

## **MECHANISM OF INJURY:**

On May 18, 2017, Ms. Fincham reported that she was the restrained driver in a vehicle which was turning left at an intersection. She noted that as she proceeded through the intersection, another vehicle t-boned her vehicle, striking the rear passenger side of her car. Ms. Fincham noted that she “went blank, zoned out” following the impact. She did note a cut on her head but reportedly declined paramedics at the scene of the crash. She opted to go home and go to bed, noting a high level of stress stemming from the events of that day.

Ms. Fincham sought medical attention from her family physician on the day following the accident. She noted having developed a migraine and noted that she realized that she had little to no recollection or memory of the crash. She went on to develop a number of difficulties with short term memory, focus, attention, mood regulation, all of which have impacted her ability to partake in schooling activities. She noted having begun drinking heavily following the accident and that she began making use of Adderall purchased on the street to help with focus during exam periods. She continues to struggle to this day with a number of physical, emotional, and cognitive symptoms, which will be described later in this report.

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## **NATURE OF INJURY:**

Based on a review of available medical documentation, Ms. Fincham sustained the following injuries as a result of the subject motor vehicle accident:

- Concussion
- Whiplash injury
- Sprained right rotator cuff
- Sprained wrists, bilaterally
- Sprained right elbow

## **COURSE OF RECOVERY TO DATE:**

Ms. Fincham's course of recovery has been found to be limited in terms of rehabilitation initiatives. She reported having obtained a short course of physiotherapy through Pro Physio & Sports Medicine Centre under the Minor Injury Guideline and that she was discharged from care once the funding ran out. She obtained a course of four additional treatments in 2019 and has since not received any form of treatment. She noted that she continues to struggle with physical pain as well as an array of emotional and cognitive issues which persist to this day. She has been followed by her GP Dr. Holman, whom she has not visited since the Summer of 2020.

At the time of this assessment no PT. Massage therapy once monthly but has not attended since November due to illness. Next appointment

'Brinet Raycraft RMT' 739-B Arlington Park Place Kingston. Pays out of pocket. No idea of coverage.

Started antidepressants Deloxetine 30 mg twice daily in the morning. This was prescribed in November of 2022. She was in a very bad place when she started. She reported episodes of dissociation and suicidal ideation. Every drive home from work led to thoughts of driving into a tree. She would get home and not recall her drive. She could not recall the last 10 minutes of her drive. She does not recall any specific triggers. Chronic pain, drinking a lot, long hours at work, not being in the sun. Was drinking 5 - 10 beers/day.

Still drinking about 5 - 10 beers per day. She feels embarrassed and gets emotional which she does not want. This started with the chronic pain and has progressed to a coping mechanism from the physical and emotional trauma from the workplace.

## **CURRENT MEDICAL/REHABILITATION TEAM:**

<b>Health Professional Name and Specialty</b>	<b>Date of Last Appointment/ Frequency of appointments</b>	<b>Outcome of Last Appointment</b>	<b>Date of Next Appointment</b>
Dr. Holman, GP or Dr. Keifer GP	Last seen Summer of 2020.	Shoulder pain and birth control discussed	None scheduled
RMT	Once monthly		

Ms. Fincham indicated that she would like to resume physiotherapy as she continues to struggle with significant pain symptoms which will be described later in this report.

Will stop compression but can go no more than 2 minutes and has to tap out and be replaced.  
Has struggles with intubation.

### **MEDICATION:**

No longer taking Adderal. She no longer has access to these medications. Priorities have shifted not she wants to nap at work. Interactions with medication is an issue. Adrenaline from work is enough.

Smoking cannabis 2g/day at the most.

Ms. Fincham noted that she does not currently make use of any prescription medication. She noted that she has purchased Adderall tablets on the black market to help with focus during exams and that she also self-medicates with alcohol and marijuana on a daily basis. She noted that she will drink anywhere in between 5 – 10 beers per night.

### **SUBJECTIVE INFORMATION (CLIENT REPORT):**

#### **Physical Symptoms:**

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

<b>Symptom/Complaint</b>	<b>Details</b>	<b>Pain Rating if Necessary</b>

Headaches	She experiences headaches 3 times per week. Migraines have reduced. If she shifts her eyes too fast, she will have “ocular migraines” where she will experience vertigo (like being on a boat). This is intermittent. Painful migraines occur maybe every 3 months lasting two days. She feels super stiff neck when it is coming on like meningitis.	3/10 daily with migraines of 7 – 8/10 once or twice monthly.
Neck pain	She reports pain in her cervical spine which is constant. She describes cervical stiffness which fluctuates but tends to be increased when headaches are present. She reports that this pain radiates to her trapezius muscles bilaterally.	3/10
Bilateral shoulder pain	She initially injured her right shoulder and noted that the left became gradually symptomatic from overuse as she was avoiding using her right shoulder for repetitive or strenuous activity. She reports a constant pain with sharp increases in pain symptoms when lifting loads.  Right shoulder has gotten more stiff. Right side ROM decreased to $\frac{3}{4}$ range. Spine feels stiff as well used to be super flexible, able. Has gained 60 lbs.	3/10 constant with peaks of 8/10 when lifting.
Spine pain	She describes a constant pain in between her shoulder blades radiating under her scapulae bilaterally. She finds this area becomes increasingly stiff when she is studying due to her posture.  Lower back pain has increased significantly. She drove to Florida and was experiencing severe low-back pain.	3/10
Left hand numbness	With massage, she finds that this symptom resolves significantly.	NA

### Cognitive Symptoms:

Ms. Fincham noted that she has experienced a number of troubling cognitive symptoms since the subject motor vehicle accident. She explained that she experiences issues with focus and concentration which have become gradually worse over time. She notes that she used to be a high performer in academic settings, with grades in the mid-80s to 90s dropping to below 70% following the accident. She noted difficulty with multi-tasking and short-term memory as well. She noted making use of Adderall or Vyvanse tablets purchased on the black market to assist with



studying and exams. These issues are consistent with her diagnosed concussion and require some additional investigation.

### **Emotional Symptoms:**

In relation to emotional symptoms, Ms. Fincham reported the following:

- Highly reactive, will have bursts of anger or be brought to tears easily
- Increase moodiness
- Bouts of road rage, irritable when driving
- “I feel mad for no reason”
- “I am mean to people I love”
- Increased social isolation
- Feels tired all the time
- Most days are bad, “70% shitty and 30% ok”
- Unable to cope with stress
- Drinks daily large quantities of alcohol to numb herself

Mood is up and down. She is irritable (very). Low tolerance for her stepkids. They are a huge trigger. She will go to bed and wake with some things missing. Making an effort to socialize more. Has a big group of friends for girl’s night, always associated with drinking. Stepkids are 14 and 11. Very difficult interactions. Significant stress with parental. Issues with ex-wife. Alcoholic. Drugs.

### **Symptom Management Strategies:**

Ms. Fincham appears to have a limited array of strategies to manage her complex symptoms presentation. She will avoid activity, isolate herself socially, binge-drink alcohol and use cannabis as well as use stimulants to help with focus and information retention. She would benefit from psychological treatment as well as occupational therapy treatment to develop a healthier array of coping mechanisms.

### **Typical Day Post-Accident:**

### **Working Days:**

**Up at 5am**

**Takes a shower**

**Makes lunch**

**Goes to work**

**Works all day until 7**

**Get home**

**Drink beer until 10**

**Go to bed'**

**At night:**

**Sleep as long as she can (10 or 11).**

**Will have a beer when she wakes in the morning.**

**Will nap**

**Will go to work**

**On Days off will drink all day until 11 at night**

**Thinks she is mad all the time because she drinks.**

Ms. Fincham has recently graduated from college having obtained her Respiratory Therapist (RT) diploma. She noted that she is now working on a COVID ward of the Kingston General Hospital where she works 12-hour shifts for a total of 48 – 60 hours per week. The following is a typical day in the current workplace context:

- Up between 5:00am to 8:00 am
- Has coffee and will brush her teeth
- Gets ready for work
- Drives to work and will sometimes opt to pay for hospital parking to reduce the amount of walking she has to do is she is feeling unwell
- Completes her 12-hour shift at the hospital
- Will return home and immediately open a beer and begin drinking and consuming cannabis
- Will drink 5 – 10 beers through the course of the evening as she watches television • Will shower and retire for bed anytime between 9:00pm and 1:00am

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**Sophia Fincham Page 8 of 13**  
**Date of Report: 2021-06-21**

Ms. Fincham also indicated that she will typically go all day without consuming any food. She will eat a pho bowl when she returns home but otherwise describes a diet void of any significant nutrition.

#### **OBJECTIVE INFORMATION:**

##### **Postural Tolerances:**

<b>Activity</b>	<b>Client Self-Report Pre-Accident</b>	<b>Client Self-Report Post-Accident</b>	<b>Therapist Observation</b>
<b>1. Lying</b>	No identified limitation	Able to lie through the night although she changes positions frequently.	Not observed

<b>2. Sitting</b>	No identified limitation	Able to sit for a maximum of 60 minutes with frequent postural changes every 5 minutes. Driving to her brother's is 1 hour and 15 and she is constantly shifting.	Periods of 30 – 45 minutes of sustained sitting intertwined with periods of standing and frequent postural shifting noted throughout this assessment.
<b>3. Standing</b>	No identified limitation	Can stand whilst fidgeting and leaning, leaning on bedrail. She is forced to stand for 4 - 6 hours at a time at work.	Short periods of static standing observed during this assessment. S. Fincham was noted to lean on a counter and shift her weight side to side while standing.
<b>4. Squatting</b>	No identified limitation	Able but this causes increase back pain.	One power squat demonstrated by Ms. Fincham during this assessment.
<b>5. Kneeling</b>	No identified limitation	Able but avoids.	One bilateral kneeling posture observed by this therapist during this assessment.
<b>6. Walking</b>	No identified limitation	10000 - 15000 steps a day. Busy day up to 20000 steps.	Short distance indoor ambulation observed by this therapist. No gait abnormality noted.
<b>7. Stair Climbing</b>	No identified limitation	Able	One flight of stairs managed by Ms. Fincham during this assessment.

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Sophia Fincham Page 9 of 13  
Date of Report: 2021-06-21

<b>8. Driving</b>	No identified limitation	She notes that she can drive up to 60 minutes.	Not formally assessed.
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#### Functional Transfers and Mobility:

Activity	Client Self-Report Pre-Accident	Client Self-Report Post-Accident	Therapist Observation
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<b>1. Chair</b>	Independent	Independent	No identified limitations.
<b>2. Bed</b>	Independent	Independent	No identified limitations.
<b>3. Toilet</b>	Independent	Independent	No identified limitations.
<b>4. Bath tub</b>	Independent	Independent	No identified limitations.
<b>5. Vehicle</b>	Independent	Independent	No identified limitations.

#### 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	¾ range	WFL	Right shoulder unable to unclasp bra
	Extension	WFL	WFL	
	Abduction	WFL	WFL	

	Adduction	WFL	WFL	
	Internal rotation	WFL	WFL WFL	
	External rotation	WFL	WFL	
<b>Elbow</b>	Flexion	WFL	WFL	No identified limitations.
	Extension	WFL	WFL	
<b>Wrist</b>	Flexion	WFL	WFL	No identified limitations.
	Extension	WFL	WFL	
	Supination	WFL	WFL	
	Pronation	WFL	WFL	
<b>Trunk</b>	Forward flexion	WFL		No identified limitations.
	Lateral flexion	WFL	WFL	
	Rotation	WFL	WFL	
<b>Hip</b>	Flexion	WFL	WFL	No identified limitations.
	Extension	WFL	WFL	
<b>Knee</b>	Flexion	WFL	WFL	No identified limitations.
	Extension	WFL	WFL	
<b>Ankle</b>	Dorsiflexion	WFL	WFL	No identified limitations.
	Plantar flexion	WFL	WFL	

### **Emotional Presentation:**

Ms. Fincham's emotional presentation was generally unremarkable during this assessment. She presented as a pleasant young woman with an upbeat demeanor. She was cooperative with the assessment process and did not present with any significant signs of emotional lability. She did become tearful on one occasion when discussing her alcohol abuse pattern and how she reminded herself of her father.

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Sophia Fincham Page 11 of 13  
Date of Report: 2021-06-21

### **Cognitive Presentation:**

Ms. Fincham was a good historian, providing information readily which was consistent with the information gleaned from a review of the medical brief provided by her legal representative. She did experience some difficulties recounting dates and timeframes relating to past treatment however was able to recall details with some cueing.

### **LIVING ARRANGEMENTS/SOCIAL STATUS:**

<b>Marital Status</b>	Married Single Common Law Other
<b>Living Arrangement</b>	Lives in a home shared with two roommates.
<b>Children</b>	14 and 11 stepkids 50/50

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

#### **Pre and Post Accident Self-Care Activities:**

Prior to the subject motor vehicle accident, Ms. Fincham reported being independent in the performance of all self-care activities.

At the time of this assessment, Ms. Fincham noted that she remains physically able to manage all of her core self-care functions. She did note however that she has experienced a significant decline in the frequency and quality of her showering and grooming stating that "I just don't care". She noted that if she is not seeing anyone, she can go 4 – 5 days without showering although this is now improved due to her need to be clean for her work shifts. She also noted that when not working, she can go 2 – 3 days without brushing her teeth.

This remains the case, depends on the week.

#### **Pre and Post Accident Home Management Activities:**

Tom does a lot more than he does. He feels like he is living with three children. She works much

longer hours and he can be understanding. Laziness with the drinking, does not feel like doing. Pain is a big factor (vacuuming, mopping). Dishes is okay (in dishwasher). He does laundry. He doesn't like how she does it. She will do some dusting but Tom. Housekeeping 80/20. He washes the bedding.

### **Pre and Post Accident Vocational Activities:**

Currently working 2 days 2 nights 5 off. 12 hour shifts and picks up overtime shifts (1 - 2) on the days off. Missed most time in 2023 than ever in her life. Now it is paid time. She was on the attendance list this year. Pneumonia for most of November plus bacon grease injury. Missed probably 16 shifts at least due to drinking.

### **Pre and Post Accident Leisure Activities:**

Prior to the subject motor vehicle accident, Ms. Fincham indicated that she enjoyed the following leisure activities:

- Gym 3x per week and Yoga classes 3x per week
- Baseball 2x per week
- Dodgeball
- Volleyball
- Beach volleyball
- Bonfires with friends
- 4-wheeling on a weekly basis
- Low-key time spent at home.

Watching TV and drinking

At present time, Ms. Fincham has essentially interrupted all of the above activities. She noted that she does not recall when she last went 4-wheeling and noted not having played baseball since 2019. She noted that her last few baseball games were impacted by pain and that she ended up getting "plastered" at the baseball field during the game. She noted that she was unable to juggle her schooling activities in tandem with her leisure activities, leading to an interruption of all leisure pursuits so she could focus on her classes. Now that school is done, work has taken over with again,



a high number of hours dedicated to her profession. She noted being a poor time manager and opted to simply cut-out activities to allow herself to focus on the primary aspect of her life which has been schooling and now her fresh career as a respiratory therapist.

**CONTACT:**

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

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Sincerely,



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Sebastien Ferland OT Reg.(Ont)

Enclosed: NA

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.