

OCCUPATIONAL THERAPY IN-HOME ASSESSMENT

Client Name:	Patrick Anderson	Date of Loss:	
Address:		Date of Birth:	
Telephone #:			
Lawyer:		Firm:	
Adjuster:		Insurer:	
		Claim No.:	
Therapist:	Sebastien Ferland OT Reg.(Ont.)	Date of Assessment:	January 14, 2025
		Date of Report:	January 14, 2025

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.

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.

SUMMARY OF FINDINGS

Mr. Patrick Anderson, a 62-year-old male, sustained multiple severe injuries in a motorcycle accident on April 28, 2023. Prior to the accident, he maintained an active lifestyle managing an 18-acre property, worked in a demanding supervisory role at nuclear facilities, and regularly engaged in various outdoor recreational activities. The comprehensive assessment of his current functioning reveals significant changes across all aspects of daily living, affecting his independence, family roles, and quality of life.

His activities of daily living have been profoundly impacted by physical limitations and pain. Basic self-care tasks that were previously routine now present significant challenges, requiring assistance or modification. His mobility is severely restricted, necessitating the use of a cane and limiting his walking tolerance to 10-15 minutes. Standing tolerance is confined to 5-10 minutes, and sitting tolerance is restricted to 15 minutes even with specialized cushioning. These limitations have fundamentally altered his ability to participate in routine activities and maintain his previous level of independence.

Sleep disruption has become a significant concern, with Mr. Anderson achieving only 4 hours of sleep per night despite medication. This chronic sleep deficit, combined with daily pain and fatigue, necessitates daytime rest periods and affects his overall functioning and energy levels. The impact on his sleep patterns represents a marked change from his pre-accident status and contributes to difficulties in concentration and emotional regulation.

The assessment of social functioning reveals notable changes in Mr. Anderson's ability to engage with family and manage social interactions. Previously described as even-tempered and patient, he now experiences significant difficulties with noise tolerance, emotional regulation, and sustained social engagement. His relationship with his grandchildren has been particularly affected, as he struggles to manage the sensory stimulation and activity levels associated with their presence. The role reversal within his family unit, with his wife reducing her work hours to provide care, represents a significant shift in family dynamics and personal identity.

Cognitive functioning, as evaluated through concentration, persistence, and pace, shows considerable impairment. Mr. Anderson experiences difficulties with memory, attention, and information processing, requiring multiple repetitions to comprehend and retain information. These cognitive changes affect his ability to maintain conversations, manage appointments, and complete tasks efficiently. The need for frequent rest breaks and task modification further impacts his ability to maintain consistent performance in daily activities.

In terms of adaptation, Mr. Anderson demonstrates significant challenges in adjusting to his post-accident limitations. His judgment in activity selection often fails to account for his current capabilities, leading to situations that exacerbate his symptoms. The emergence of emotional lability, depression, and expressions of suicidal ideation indicate substantial difficulties in psychological adaptation to his changed circumstances. His decision-making patterns show impulsivity and poor risk assessment, requiring increased oversight from his wife.

The dramatic contrast between his pre- and post-accident functioning is particularly evident in his relationship with his property and recreational activities. Previously responsible for maintaining 18 acres of land, including extensive trail systems and recreational areas, he is now unable to manage basic property maintenance tasks. His participation in leisure activities has been severely curtailed, with modified fishing being the only recreational activity he has been able to partially resume, and this requires special equipment and assistance.

Mr. Anderson's functional impairments span all four spheres of function as outlined in the AMA Guides. The interplay between physical limitations, cognitive changes, emotional regulation difficulties, and adaptation challenges has created a complex presentation that significantly impacts his overall quality of life. His current level of function represents a marked departure from his pre-accident status, affecting his independence, family roles, and ability to engage in previously meaningful activities.

This comprehensive analysis of Mr. Anderson's functioning across all domains suggests significant impairment warranting careful consideration by co-assessors in determining appropriate catastrophic impairment classification. The persistence and pervasiveness of his symptoms, combined with the impact on all aspects of daily living, indicate substantial ongoing functional limitations that affect his ability to maintain independence and quality of life.

DOCUMENTATION REVIEWED:

TAB DESCRIPTION

1. KINGSTON HEALTH SCIENCES CENTRE

- a. Clinical notes and records dated April 28, 2023 to May 18, 2023;
- b. Clinical notes and records dated May 18, 2023 to July 17, 2023;
- c. Clinical notes and records dated July 17, 2023 to September 7, 2023;
- d. Clinical notes and records dated September 7, 2023 to October 13, 2023;
- e. Clinical notes and records dated October 13, 2023 to September 9, 2024;

2. DR. IOANNIS FELEMEGOS

- a. Clinical notes and records dated January 26, 2018 to May 16 2023;
- b. Clinical notes and records dated May 16, 2023 to December 20, 2023;
- c. Clinical notes and records dated December 20, 2023 to May 13, 2024;
- d. Clinical notes and records dated December 20, 2023 to May 13, 2024;

3. REBECCA MORIN

- a. Occupational Therapy Assessment of Attendance Care Report dated June 27, 2023;
- b. Housekeeping & Home Maintenance Review Report dated July 27, 2023;

- c. Occupational Therapy Report & Updated Form 1 dated December 12, 2023;
- d. Occupational Therapy Progress Update Report dated May 7, 2024;
- 4. MINISTRY OF HEALTH & LONG-TERM CARE
 - a. Decoded OHIP Summary dated January 1, 2018 to July 31, 2023;
 - b. Decoded OHIP Summary dated July 31, 2023 to April 25, 2024;
 - c. Decoded OHIP Summary dated April 25, 2024 to October 1, 2024;
- 5. SEAWAY PHYSIOTHERAPY
 - a. Clinical notes and records dated November 15, 2023 to April 28, 2023;
 - b. Clinical notes and records dated April 28, 2023 to May 16, 2023;
- 6. DR. JEFFREY YACH
 - a. Clinical notes and records dated May 2, 2023 to April 8, 2024;
- 7. SHOPPERS DRUG MART
 - a. Prescription summary dated October 5, 2020 to April 30, 2024;
- 8. BROCKVILLE GENERAL HOSPITAL
 - a. Clinical notes and records dated July 31, 2020 to September 9, 2024;
- 9. KOPI
 - a. Clinical note dated January 19, 2024;
- 10. THE OTTAWA HOSPITAL
 - a. Clinical notes and records dated May 28, 2013 to July 30, 2024;
- 11. DR. PICHORA
 - a. Independent Medical Report dated August 31, 2023;
 - b. Independent Medical Report dated April 21, 2024;
- 12. MODERN OT
 - a. Life Care Plan dated October 23, 2024.

PRE-ACCIDENT MEDICAL HISTORY:

Prior to the April 28, 2023 accident, Mr. Anderson had a history of musculoskeletal conditions. He had been diagnosed with right shoulder arthritis approximately 5-6 years before the accident, with a prior surgical intervention on the same shoulder some 30 years ago. Eighteen years prior to the accident, while in Germany, Mr. Anderson sustained a significant left knee injury from a fall off a scaffold. This injury required three separate surgical interventions. He underwent various treatments for his knee condition, including cortisone injections which proved ineffective. Approximately 4-5 years before the accident, he received a specialized injection procedure costing \$450 which provided significant pain relief.

MECHANISM OF INJURY:

The subject accident occurred on April 28, 2023, when Mr. Anderson was operating his Harley-Davidson motorcycle. Despite having clear visibility and noting the signal light of an oncoming

vehicle, Mr. Anderson was involved in a collision when the other vehicle executed a left turn approximately 30 yards in front of him. Although traveling at approximately 80 km/hr, Mr. Anderson attempted evasive action by push-steering to the left, but was unable to avoid the collision. His memory of the incident ends at the moment of impact. His next recollection is fragmented, consisting only of briefly regaining consciousness during a CAT scan and again when his arm was being set, after which he lost consciousness once more.

NATURE OF INJURY:

The collision resulted in multiple severe traumatic injuries. Mr. Anderson sustained complex fractures to both the right humerus and left wrist, along with hairline fractures of the cervical vertebrae. The impact also caused a right shoulder dislocation, multiple pelvic fractures, and bilateral thumb fractures. In addition to these skeletal injuries, he suffered substantial bruising and road rash injuries across his body.

Following the accident, paramedics transported Mr. Anderson to Kingston General Hospital, where he underwent immediate medical assessment including CAT scanning and initial treatment including setting of his right arm. His first clear post-accident memory is of waking the following Saturday morning to find his wife at his bedside, experiencing severe pain with any attempted movement. Despite the severity of his injuries, surgical intervention was not undertaken until the following Wednesday.

Mr. Anderson's initial hospital course involved a two-week stay at Kingston General Hospital, followed by transfer to Brockville General Hospital where he remained for an additional six weeks. His discharge home was contingent upon his ability to perform wheelchair transfers, and his residence required preparation to accommodate his needs. His wife took a significant leave from her employment, approximately two months, to provide full-time care. She has since returned to work on a part-time basis, working three days per week at Hansler-Smith in Brockville as a secretary.

COURSE OF RECOVERY TO DATE:

Mr. Anderson's recovery has been complex and ongoing since the April 2023 accident. Following the initial trauma care, he underwent an extended period of hospitalization at Kingston General Hospital for two weeks, followed by six weeks at Brockville General Hospital for rehabilitation. His discharge home was facilitated once he demonstrated the ability to perform basic wheelchair transfers, though this required significant home preparation and support.

The early recovery period required intensive family support, with his wife taking approximately two months away from work to provide full-time care. Upon his return home, Mr. Anderson required extensive assistance with daily activities and mobility. While his wife has since returned

to work part-time at Hansler-Smith in Brockville, she continues to provide significant support as noted in the body of this report.

Of note, on December 23, 2023, Mr. Anderson sought a referral from his family physician for physiotherapy and massage therapy to address ongoing functional limitations. He has been actively participating in private physiotherapy since May 2024, though financial constraints limit him to weekly sessions. His physiotherapist, Steve Craig-Pettem, has incorporated acupuncture into the treatment regime and has recommended swimming as a therapeutic activity. In response to this recommendation, Mr. Anderson and his wife are planning to obtain a YMCA membership.

CURRENT MEDICAL/REHABILITATION TEAM:

Healthcare Provider	Frequency	Focus/Progress
Dr. Falamingo (Family Physician)	Monthly	Most recent visit December 23, 2023, for physiotherapy prescription and massage therapy referral
Steve Craig-Pettem (Private Physiotherapist)	Weekly	Providing physiotherapy and acupuncture treatment. Currently has 6 visits remaining under current funding. Has recommended swimming for therapeutic exercise

CURRENT MEDICATIONS:

Mr. Anderson reported making use of the following medication at the time of this assessment:

- Esomeprazole 40 mg twice daily for stomach issues
- Silodocin 8 mg daily for prostate management
- Nabilone 1 mg as needed when experiencing increased pain (noted to affect functioning until afternoon the following day)
- Trazodone 50 mg nightly for sleep/antidepressant effects
- Meloxicam 15 mg daily as anti-inflammatory
- Perindopril 8 mg daily for blood pressure management
- Rosuvastatin 10 mg daily for cholesterol management

- Metformin 500 mg daily for diabetes management (dose increased post-accident due to reduced activity levels)

The medication regimen reflects both management of pre-existing conditions and treatment of accident-related symptoms, with notable adjustments made to accommodate his post-accident activity limitations, particularly evident in the adjustment of his diabetes medication dosing.

SUBJECTIVE INFORMATION (CLIENT REPORT):

Mr. Anderson reports multiple areas of significant pain and functional limitation following his accident. His right hip and groin area present with very severe sharp pain, ranging from 4-8/10 in intensity, which he experiences with every step. While he reports "getting used to" this constant discomfort, the pain is aggravated by movement and weight-bearing, finding relief only when shifting positions or removing weight from the affected area.

His lower back is characterized by severe stabbing pain that persists most of the time. This pain is particularly exacerbated by standing, with notable relief achieved only when lying straight on his bed. His right shoulder and arm present with varying levels of pain, ranging from 0-5/10 at rest but increasing to 7/10 with activity. This pain becomes particularly pronounced when attempting to lift loads, especially anything exceeding 20 pounds, with relief achieved primarily through rest and activity avoidance.

Neck pain presents as a persistent ache, primarily aggravated by driving. Mr. Anderson has developed a compensatory strategy of using a folded towel behind his head to manage positional discomfort. His right thumb exhibits moderate to severe pain, reaching 6-7/10 with use, particularly when attempting tasks requiring grip strength such as opening jars or during any forceful or repetitive activities.

From a cognitive perspective, Mr. Anderson experiences several concerning symptoms. His memory function shows moderate impairment, manifesting as constant forgetfulness and difficulty retaining information. This is evidenced by his need to watch news cycles multiple times (2-3 viewings) to fully comprehend the content. His attention span has deteriorated, frequently losing track during conversations. Problem-solving abilities show severe impairment, with notable impulsivity in decision-making, exemplified by incidents such as an unnecessary truck trade-in. His wife has taken on the role of helping him challenge his thinking and decision-making processes. While his language abilities remain largely intact, he experiences mild but frequent word-finding difficulties.

Emotionally, Mr. Anderson experiences severe episodes of irritability, though these occur relatively rarely. These manifestations include periods of intense agitation, particularly triggered while driving, and increased impatience around his grandchildren. He struggles significantly with overstimulation, finding it challenging to maintain conversations when there is background noise, particularly children's voices. His wife has become adept at managing these emotional episodes, often able to calm him with just a look. He noted a period of time last year where he became

suicidal contemplating suicide by hanging in his shed, but ultimately chose not to follow through with this plan due to his fear of his wife finding him.

Weather conditions significantly impact both his pain levels and cognitive function, with Mr. Anderson noting it affects "how stupid I am." Despite acknowledging the risks, he continues to attempt activities beyond his current capabilities, such as navigating stairs or moving pellet bags downstairs. He also persists in activities like picking up dog waste despite it causing severe right groin and lower back pain, explaining that leaving it "drives him nuts." Of particular note is his ongoing pelvic instability, which he describes as being in a "floating state" with moving bones in his right hip. This condition has significantly impacted his ability to sit comfortably, requiring him to adapt his positioning, particularly when using recreational vehicles like four-wheelers, where he must sit sideways.

SYMPTOM MANAGEMENT STRATEGIES:

Mr. Anderson currently employs several strategies to manage his symptoms and maintain function. His primary management approaches include rest periods throughout the day, particularly when symptoms are exacerbated, and strategic activity avoidance to prevent symptom aggravation. He relies on a structured medication regime that includes both prescription medications for pain and inflammation management, as well as medications to address sleep disturbance and mood regulation.

For mobility and positioning, Mr. Anderson uses several adaptive strategies. He employs a cane for ambulation support and has modified his seating arrangements, including the use of cushions and positioning aids. In his vehicle, he has adapted by using a folded towel behind his head to manage neck positioning while driving. He is limited to driving periods of 20-30 minutes before requiring rest breaks with position changes.

During daily activities, Mr. Anderson implements pacing strategies, particularly evident in his morning routine where he alternates between activity and rest periods. He has adapted his daily schedule to accommodate regular rest periods, typically including a 20-30 minute nap at noon due to fatigue and pain. Following these rest periods, he engages in gentle movement and maintains essential activities such as letting the dog out.

Professional rehabilitation support plays a key role in his symptom management, with regular physiotherapy sessions incorporating both traditional treatment and acupuncture. His physiotherapist has recommended swimming as an additional therapeutic activity, and plans are in place to obtain a YMCA membership to facilitate this intervention.

For cognitive symptom management, Mr. Anderson has developed compensatory strategies such as reviewing information multiple times for better retention, as demonstrated by his approach to watching news cycles 2-3 times to ensure comprehension. He relies significantly on his wife for cognitive support, particularly in decision-making and planning activities.

FUNCTIONAL AND BEHAVIOURAL OBSERVATIONS:

Tolerances, Mobility and Transfers:

Sitting and Repositioning Mr. Anderson reports sitting tolerance of 20-25 minutes before requiring position change. He shifts frequently due to pain, particularly when weight-bearing through his right hip and pelvis. He must sit leaning to either his left or right side as he cannot tolerate sitting straight for more than a few minutes.

Bed Mobility Reports inability to maintain one position for extended periods without experiencing stiffness and back "locking." Primarily sleeps on his left side with a pillow between his legs for positioning. Position changes in bed require careful, planned movements and often result in increased pain.

Transfers Can complete chair and sofa transfers independently but exhibits visible pain behaviors, often pausing mid-transfer to manage symptoms. Frequently relies on adjacent supports (wall or furniture) for stabilization after standing. Uses a comfort-height toilet and has modified bathroom setup. While he can manage most transfers independently, they are performed slowly and with evident effort.

Standing Standing tolerance is limited to approximately 10 minutes before needing to sit due to back pain and locking in a forward flexion posture. Observed frequently shifting weight side-to-side and rarely maintains static standing for more than a few minutes.

Balance Has experienced two significant falls - one in the kitchen requiring furniture assistance to rise, another outside requiring his truck for support to regain standing. Shows significant balance impairment affecting safe mobility and requiring consistent use of gait aids.

Walking Demonstrates a pronounced waddle gait pattern, favoring his right side. Must plan walking activities carefully and requires gradual deceleration rather than sudden stops to avoid jarring his spine. Walking tolerance limited to 15 minutes before requiring rest. Uses a single-point cane for all outdoor mobility. During a recent pulmonary function test, struggled with a 6-minute hallway walk.

Stairs Capable of managing stairs but must purposefully engage core muscles and maintain straight spine alignment to avoid sharp pain. Sometimes uses cane for additional support when symptoms are pronounced. Stair climbing observed to be slow and methodical, with evident core engagement and careful limb positioning.

Lifting/Carrying Unable to carry significant loads. Limited to very light objects or small bags of groceries weighing no more than a few pounds. Cannot manage common household items like cases of water, requiring family assistance for these tasks. He will consistently engage in activities beyond his capacities due to his fiercely independent mindset (such as carrying pellet bags down stairs).

Kneeling Reports ability to kneel but actively avoids this posture due to pain. Not observed during assessment due to overall mobility limitations. Not considered a functional posture at this time.

Squatting/Crouching Reports limited ability to squat, only managing partial squats "on tippy toes." One attempted power squat during assessment was incomplete and required furniture support. Unable to achieve or maintain stable squatted posture.

Bending Experiences severe limitation with bending, reporting lower back pain becomes unbearable (10/10) with forward bending and reaching. Cannot perform forward hunching movements required for cleaning or floor-level activities.

Reaching Demonstrates significant difficulty with reaching activities, particularly for cleaning tasks requiring overhead reach or low-level access. Right shoulder limitations significantly impact functional reach on dominant side.

Fine Motor Coordination Reports impaired grip strength and uncertainty about force application when holding objects, leading to frequent dropping of items. Shows reduced fine motor coordination, particularly in manipulating small objects. Right-handed dexterity and strength significantly impaired, affecting dominant hand function.

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	WFL		No identified limitations.
	Lateral flexion	WFL	WFL	
	Rotation	WFL	WFL	
Hip	Flexion	WFL	WFL	No identified limitations.
	Extension	WFL	WFL	
Knee	Flexion	WFL	WFL	No identified limitations.
	Extension	WFL	WFL	
Ankle	Dorsiflexion	WFL	WFL	No identified limitations.
	Plantar flexion	WFL	WFL	

Emotional Presentation:

Throughout the assessment, Mr. Anderson presented with a pleasant and upbeat demeanor. He remained actively engaged in the evaluation process, demonstrating a positive disposition despite his significant physical limitations. His sense of humor was evident throughout the interactions, and he was able to discuss his challenges while maintaining an optimistic perspective. He showed no signs of emotional lability, anger, or irritability during the assessment period. Despite the considerable changes to his functional status and daily routines following the accident, Mr. Anderson appears to maintain a positive outlook on life. His responses were appropriate and measured, with no evidence of emotional distress or dysregulation during discussions about his limitations and ongoing challenges. This presentation suggests good emotional adaptation to his current circumstances, though this should be monitored as his recovery progresses.

Cognitive Presentation:

During the assessment, Mr. Anderson demonstrated some cognitive difficulties, particularly in the area of recall. He had notable difficulty remembering the names of his healthcare providers, requiring him to reference his phone for this information. While he was generally able to provide a coherent account of his medical history and current status, making him a good historian overall, there were observable moments where he needed to pause and concentrate intensely to retrieve specific information. These episodes of effortful recall were characterized by brief periods of focused concentration before being able to continue with his narrative.

His cognitive functioning will be more comprehensively evaluated during a scheduled Situational Assessment on January 15, 2024, which will provide a more detailed analysis of his cognitive capacities and potential limitations. The current observations of memory difficulties and increased cognitive effort for information retrieval will serve as valuable baseline information for this upcoming assessment.

These cognitive presentations are consistent with his self-reported difficulties with memory and attention, though they did not significantly impair his ability to participate meaningfully in the current assessment.

TYPICAL DAY:**Pre-Accident:**

He maintained an active work schedule at the Darlington Power Plant in a supervisory role, typically working 12-13 hour shifts, four days per week (2.5 hours away). He maintained accommodations near the nuclear plant where he worked and would return home after his shifts were completed for three days. When home, he engaged regularly in home maintenance

activities around his large property and participated in various outdoor activities including hunting, fishing and recreational vehicle use.

Current Daily Routine:

Mr. Anderson's current daily routine reflects significant changes from his pre-accident lifestyle:

Morning: He typically wakes at 5:00 AM and begins his day by making coffee and letting the dog out. After attending to his pets (feeding both cats and dog), he settles in to watch the news while having two cups of coffee. He then prepares another pot of coffee for his wife and makes her a bagel. He attends to basic household tasks such as loading the dishwasher, which he starts once his wife has left for work. He also takes out items to thaw for dinner preparation and attempts some vacuuming, though requires frequent rest breaks due to fatigue and pain. His activity level typically declines after lunch.

Afternoon: By noon, Mr. Anderson usually requires a 20-30 minute nap due to fatigue and pain. Upon waking, he moves around and lets the dog out. He spends much of his afternoon watching TV. On Wednesdays, he attends physiotherapy sessions with Steve (his physiotherapist). His wife returns home around 4:45 PM.

Evening: The evening routine consists of having supper with his wife and engaging in conversation, though he notes "I don't have much to talk about." He typically watches TV before bed. On days when they have their grandchildren, he remains upstairs watching TV while his wife supervises the children in the basement. He also receives visits from nearby family members during evening hours.

This current routine represents a significant modification from his pre-injury lifestyle, with notable increases in sedentary activities and rest periods, and a substantial decrease in the active, physical components that characterized his previous daily schedule.

ENVIRONMENTAL ASSESSMENT:

TYPE OF DWELLING	Bungalow		
ROOMS	Qty	LOCATION/DESCRIPTION	FLOOR COVERING
Bedrooms	3	Main floor	Wood
Bathrooms	3	Main floor and basement	Tile
Living Room	1	Main floor	Wood
Family Room	1	Basement	Wood (pellet stove president for primary home heating)
Dining Room	1	Main floor	Wood
Kitchen	1	Main floor	Tile
Laundry	1	Basement	Concrete

Stairs	Yes	Stairs leading to the main level of the home outdoors (5) and steps leading to the basement of the home (14)	Wood
Basement	Yes	Finished	Wood
Driveway Description	Long country laneway with multiple-car parking		
Yard description	3 acres of manicured lawn, trees, garden and trails		

The property represents a substantial rural homestead encompassing 18 acres of mixed-use land, featuring both groomed spaces and natural areas. The main access to the property is via a 300-foot driveway that was previously gravel but has since been paved to improve accessibility. This lengthy driveway notably requires significant maintenance, particularly in winter months when snow removal is necessary for the full length.

The maintained portion of the property consists of approximately 3 acres of manicured lawn that requires regular upkeep. Prior to his accident, Mr. Anderson would dedicate 6-8 hours to a complete maintenance cycle of this space, which included both mowing with a riding mower and detailed weed whipping around features and boundaries. The lawn area transitions into a network of walking trails that Mr. Anderson had developed and maintained not only for his family's use but also as a community amenity for neighboring residents. These trails wind through the property and connect to areas behind three neighboring properties, requiring regular maintenance to keep them clear and accessible.

The property's boundaries are defined by fence lines that historically required regular inspection and maintenance. Beyond the manicured areas, the property includes wooded sections that demanded ongoing management including tree maintenance, brush clearing, and seasonal cleanup. These wooded areas were previously utilized for recreational activities such as hunting and provided natural privacy barriers.

Recreational spaces were integrated throughout the property, with designated areas for various seasonal activities. During winter months, portions of the property were maintained for cross-country skiing, while other areas were used for snowmobile access. In warmer months, these same spaces accommodated ATV use and outdoor gathering areas. A large vegetable garden area, though primarily maintained for practical purposes, also contributed to the property's recreational value.

The property's layout and size required a comprehensive maintenance schedule that Mr. Anderson managed through regular use of various equipment including:

- Riding lawn mower for large area maintenance
- Weed whipper for detail work
- Snowblower and four-wheeler with plow attachment for winter maintenance

- Various power tools for tree and brush management
- Garden equipment for seasonal plantings and maintenance

This extensive outdoor space represented not only a significant maintenance responsibility but also served as the foundation for Mr. Anderson's active lifestyle, providing opportunities for both physical work and recreational activities throughout the year. The current inability to maintain this space to previous standards has impacted not only the property's condition but also the family's ability to utilize these outdoor spaces as they did pre-accident.

LIVING ARRANGEMENTS/SOCIAL STATUS:

Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Common Law <input checked="" type="checkbox"/> Other <input type="checkbox"/>
Living Arrangement	Lives with his wife
Children	Has five grown children and six grandchildren, all living in the region. Every second weekend and every Monday, his wife assists with childcare for 2 of their 6 grandchildren.

Mr. Anderson resides with his wife Gaisha in their rural property home. Their household dynamic has shifted significantly since the accident, with his wife modifying her work schedule to provide additional support while still maintaining employment at Hansler-Smith in Brockville on a part-time basis (three days per week). Despite her reduced work hours, she maintains her pre-accident responsibilities for indoor home management while also taking on many of Mr. Anderson's previous duties.

The couple maintains strong family connections, with five adult children (youngest aged 24) and six grandchildren under the age of seven. They remain actively involved in their grandchildren's lives, with Gaisha providing regular childcare for two of the grandchildren every second weekend and every Monday. This childcare arrangement continues despite Mr. Anderson's limitations, though he notes being less able to actively engage with the grandchildren due to his physical restrictions and increased irritability with noise and activity.

Family support extends beyond immediate household members, with nearby family members making regular visits to their home. This social support network has become increasingly important since the accident, helping to maintain social connections despite Mr. Anderson's reduced mobility and activity tolerance. The family's adaptation to these new circumstances reflects both the challenges and resilience in maintaining family relationships while accommodating Mr. Anderson's post-accident limitations.

ACTIVITIES OF DAILY LIVING (Pre and Post Accident):

Self-Care Activities:

Prior to his involvement in the April 28, 2023 motor vehicle accident, Mr. Anderson was fully independent in managing all aspects of his self-care routine. Post-accident, he experiences significant challenges across several domains of self-care functioning that have impacted his independence and necessitated various adaptations and compensatory strategies.

Dressing requires increased time and assistance, particularly for lower body garments. While Mr. Anderson can manage most upper body dressing independently, he requires maximal assistance for donning socks and footwear. He has adapted by using slip-on shoes and a long-handled shoe horn but continues to require help twice daily for these tasks. The limitations in his right shoulder and arm significantly impact his ability to manage fasteners and to reach behind his back or overhead during dressing activities.

Grooming and hygiene tasks have been particularly impacted by his right-sided limitations. Mr. Anderson is unable to independently apply deodorant to his left armpit due to right shoulder range of motion restrictions. While he can complete most basic grooming tasks independently, they require increased time and modified techniques. He needs regular assistance from his wife for tasks requiring bilateral arm use or sustained reaching.

Bathing activities present several challenges, though Mr. Anderson has developed strategies to maintain modified independence. He can manage shower transfers and basic washing but cannot effectively clean his feet due to balance impairments and reaching limitations. His functional mobility restrictions require careful planning and energy conservation during bathing tasks. The need for a comfort-height toilet and bathroom grab bars highlights his ongoing safety and stability concerns.

Meal preparation and feeding demonstrate a marked change from his pre-accident status. While Mr. Anderson maintains independence with basic feeding tasks, his ability to participate in meal preparation has been significantly curtailed. Though his wife historically managed most cooking tasks due to his work schedule, his current physical limitations prevent him from assisting as he previously could. He can manage simple breakfast preparation such as eggs but lacks both the physical capability and interest in more complex meal preparation tasks.

Home Management Activities:

The contrast between Mr. Anderson's pre and post-accident home management capabilities is particularly stark given the extensive nature of his property and previous level of activity. Prior to the accident, he independently managed the maintenance of their 18-acre rural property, which included approximately 5 acres of manicured lawn requiring 6-8 hours of continuous maintenance per cycle. His responsibilities encompassed comprehensive property management

including trail maintenance, snow removal from a 300-foot driveway, garden upkeep, tree and brush management, fence line maintenance, and general property repairs.

Post-accident, Mr. Anderson's ability to maintain this property has been severely compromised. Indoor maintenance tasks, which were previously shared with his wife, are now largely beyond his physical capabilities. He can manage limited vacuuming of small areas but requires frequent rest breaks. While he can assist with basic tasks like loading the dishwasher, any activity requiring bending, reaching, or sustained standing is not feasible. Laundry tasks present particular challenges due to his limitations with carrying loads and accessing machines.

The impact on outdoor maintenance has been even more significant. Mr. Anderson can no longer operate the riding lawn mower due to sitting limitations and vibration intolerance. Snow removal, trail maintenance, and general property upkeep tasks are beyond his current physical capabilities. The family has had to engage professional services to maintain basic property standards, including snow removal services at \$100 per visit and weekly lawn care at \$300. Despite these contracted services, the overall maintenance standard of the property has declined significantly compared to pre-accident conditions.

The current limitations have required substantial adaptations to the family's approach to property maintenance, with increased reliance on external services and family support. The financial impact of these necessary services, combined with the psychological impact of being unable to maintain his property to his previous standards, represents a significant change in Mr. Anderson's daily functioning and role within his household.

Vocational Activities:

Pre-accident Employment Status: Prior to the April 28, 2023 accident, Mr. Anderson held a supervisory position at Aecon, working predominantly in nuclear plant inspections. His role involved significant travel, typically working four days per week at the Darlington Power Plant, necessitating a substantial commute of approximately 3 hours each way. He maintained accommodations near the worksite during his shifts, which often extended to 12-13 hours daily.

The position combined administrative responsibilities (approximately 10% of his workload) with extensive field work conducting inspections and managing staff at nuclear plant sites. His role required:

- Extended periods of standing and walking
- Frequent stair climbing
- Access to confined spaces
- Operation of various equipment
- Extended periods of concentration and attention to detail
- Use of safety equipment including steel-toed boots and protective gear
- Management of multiple staff members
- Coordination of complex inspection schedules

Current Employment Status: Mr. Anderson has been unable to return to work in any capacity since the accident. Dr. Yach, his orthopaedic surgeon, noted in a report dated April 21, 2024, that "Given the physically demanding nature of his previous occupation, it is relatively unlikely that he will be able to return to his previous work." His current limitations that impact vocational functioning include:

- Inability to sustain standing or walking for extended periods
- Significant restrictions in right upper extremity function
- Balance impairments affecting safe mobility
- Cognitive limitations impacting attention and memory
- Pain that interferes with concentration and task completion
- Reduced sitting tolerance affecting both commuting and desk work
- Inability to access confined spaces or navigate industrial environments safely
- Restrictions in lifting and carrying that prevent use of required equipment
- Fatigue affecting sustained work performance

Pre-accident, Mr. Anderson had anticipated working until age 70. While his employer has indicated his position remains available when he is able to return, his current functional limitations make it unlikely he will be able to resume his previous duties. The physical demands of the position, combined with the safety-sensitive nature of nuclear plant work, are incompatible with his post-accident limitations.

Leisure Activities:

Prior to the April 28, 2023 accident, Mr. Anderson maintained a highly active lifestyle centered around outdoor recreation and property maintenance activities. He was an avid hunter who participated in big game hunting, and regularly enjoyed recreational activities including four-wheeling, snowmobiling, and cross-country skiing. He took particular pride in maintaining extensive trail systems throughout his 18-acre property that connected to neighboring properties, which he used for both walking and recreational vehicle use. Mr. Anderson was an enthusiastic fisherman and boater, activities he often shared with friends. He and his wife frequently enjoyed walks together, both on their property trails and through their wooded areas. His leisure activities were characterized by physical engagement, outdoor pursuits, and social connection through shared activities.

Following the accident, Mr. Anderson's leisure participation has been severely curtailed. The only pre-accident leisure activity he has been able to partially resume is fishing, though this now requires significant adaptation and assistance. He cannot independently launch his boat and requires accompaniment for safety. He has obtained specialized seating equipment to enable him to sit comfortably while fishing. His primary leisure activity has become watching television, though he reports difficulty following programs for extended periods due to cognitive changes. His social engagement has contracted significantly, now predominantly limited to visits from immediate family members.

Mr. Anderson can no longer access or maintain the trail systems he previously developed on his property. Activities such as hunting, ATV use, snowmobiling, and cross-country skiing have ceased entirely due to his physical limitations and safety concerns. His walking activities are severely restricted by mobility limitations that require the use of a cane for stability. Multiple barriers impact his leisure participation, including reduced mobility, balance impairments, chronic pain (particularly in his right shoulder, hip, and lower back), decreased endurance, and the need for assistance with most outdoor activities. His limited sitting tolerance affects participation in static activities, while cognitive changes impact his engagement and enjoyment in various leisure pursuits.

The marked contrast between Mr. Anderson's pre and post-accident leisure engagement represents a significant loss of meaningful activities that previously contributed substantially to his quality of life and sense of wellbeing. This dramatic reduction in leisure participation has notable implications for his emotional wellbeing and life satisfaction.

ASSESSMENT OF THE FOUR SPHERES OF FUNCTION (AMA GUIDES TO THE EVALUATION OF PERMANENT IMPAIRMENT, 4TH EDITION)

The following functional analysis addresses the four spheres of function as outlined in Chapter 14, Section 14.6 of the AMA Guides. This information is provided to inform co-assessors regarding Mr. Anderson's functioning across these domains.

Activities of Daily Living:

As per the AMA Guides (Chapter 14, p.301), Activities of Daily Living refers to: "self-care, personal hygiene, communication, normal living postures, travel, non-specialized hand activities, sexual function, sleep, and social and recreational activities. More specific activities include cleaning, shopping, cooking, paying bills, maintaining a residence, caring appropriately for one's grooming and clothing, using the telephone and other communication devices, using private and public transportation, paying attention to personal hygiene, and using the toilet alone. Sexual function may be influenced by physical as well as emotional factors."

Mr. Anderson has experienced significant changes in his ability to manage activities of daily living since the accident. Personal care tasks have become challenging, particularly those requiring bilateral arm use or reaching. He requires assistance with lower body dressing, including socks and footwear, and cannot independently apply deodorant to his left armpit due to right shoulder limitations. Bathing presents safety concerns, as he cannot effectively clean his feet and requires modified techniques for most hygiene tasks.

His mobility significantly impacts ADL performance. He requires a cane for all ambulation and can only walk for 10-15 minutes before requiring rest. Standing tolerance is limited to 5-10 minutes maximum. A recent incident highlighted his vulnerability when he fell after tripping over a grandchild's toy and was unable to get up independently, having to crawl across the kitchen floor

to pull himself up using cupboards. His sitting tolerance is severely limited to 15 minutes, even with specialized cushioning, requiring him to carry a pillow for all seated activities.

Sleep has been significantly impacted. Despite trying various medications, Mr. Anderson achieves only 4 hours of sleep per night maximum. He requires frequent position changes due to pain and discomfort. His limited sleep affects his daytime functioning and energy levels, necessitating a 20-30 minute nap at noon due to fatigue and pain.

Prior to the accident, Mr. Anderson maintained an active lifestyle managing an 18-acre property, engaging in recreational activities including hunting, fishing, snowmobiling, and ATV use. Currently, he has been unable to resume these activities with the exception of modified fishing, which requires special seating accommodation and assistance from others. Home maintenance activities that were previously routine now exceed his physical capabilities.

Social Functioning:

As per the AMA Guides (Chapter 14, p.301), Social Functioning refers to: "an individual's capacity to interact appropriately and communicate effectively with other individuals. It includes the ability to get along with others, such as family members, friends, neighbors, grocery clerks, landlords, or bus drivers. Impaired social functioning may be demonstrated by a history of altercations, evictions, firings, fear of strangers, avoidance of relationships, and social isolation."

Mr. Anderson's social functioning has undergone notable changes post-accident. Previously described as even-tempered and patient, he now experiences significant difficulties in social situations. He becomes overwhelmed in environments with background noise and cannot maintain conversations when children are present. This particularly impacts his ability to interact with his six grandchildren, whom he sees regularly.

His wife reports observing marked changes in his temperament and emotional regulation. Social interactions are further complicated by his physical limitations, particularly his inability to sit comfortably for extended periods. These restrictions have significantly altered his ability to participate in family gatherings and social events. The documentation indicates substantial changes in his role within the family unit. His wife has reduced her work schedule to provide necessary support, indicating a significant shift in family dynamics.

Concentration, Persistence and Pace:

As per the AMA Guides (Chapter 14, p.301), Concentration, Persistence and Pace refers to: "the ability to sustain focused attention long enough to permit the timely completion of tasks commonly found in work settings. Activities that may be analyzed include the ability to focus attention, maintain appropriate pace, complete tasks in a timely manner, and adapt to stressful situations in work settings."

Mr. Anderson demonstrates notable difficulties with cognitive functioning and task completion. He requires multiple viewings of news programs (2-3 times) to fully comprehend and retain information. He frequently loses track during conversations and experiences word-finding difficulties. Memory issues manifest in daily activities, such as misplacing items and forgetting appointments, requiring his wife to provide regular reminders.

His ability to maintain focus and complete tasks is significantly impacted by pain and fatigue. He requires frequent rest breaks during activities and often becomes tired after lunch. When attempting tasks, he demonstrates difficulty maintaining consistent performance and needs to modify his approach or abandon activities due to physical limitations and pain.

Adaptation:

As per the AMA Guides (Chapter 14, p.301), Adaptation refers to: "the ability to respond appropriately to changes in the environment such as the ability to make decisions, exercise judgment, adapt to workplace changes, and maintain personal hygiene. Impaired adaptation is demonstrated by anxiety, depression, affective lability, or social withdrawal."

Mr. Anderson's ability to adapt to stress and change has been significantly impacted. Documentation reveals recurring instances of poor judgment in activity selection, often attempting tasks beyond his current capabilities despite knowing they will result in increased pain. This pattern suggests difficulties in adapting to his post-injury limitations and implementing appropriate compensatory strategies.

Emotional regulation has become challenging, with his wife reporting concerns about depression and emotional lability. Mr. Anderson has expressed suicidal ideation and demonstrates significant frustration with his current limitations. He experiences periods of intense agitation, particularly when driving, and has difficulty managing his reactions to stressful situations.

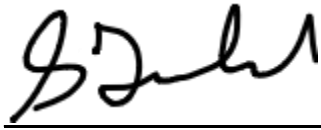
Decision-making patterns show impairment, with examples of impulsive choices such as unnecessary vehicle trades and potentially dangerous solutions to property maintenance issues. His wife has taken on the role of monitoring and challenging his decision-making processes, suggesting reduced capacity for independent problem-solving and adaptation.

This information is provided to assist co-assessors in determining appropriate impairment classifications according to the AMA Guides criteria.

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,

A handwritten signature in black ink, appearing to read 'S. Ferland', written over a horizontal line.

Sebastien Ferland OT Reg.(Ont)

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.