

# Ferland & Associates Rehabilitation Inc.

### OCCUPATIONAL THERAPY IN-HOME ASSESSMENT

Client Name: Jean-Marc Ledoux Date of Birth: September 9, 1960 905 Main St E, Hawkesbury, ON Date of Loss: Address: December 1, 2022 K6A 1A6 Telephone #: (613) 676-2300 Burn Tucker Lachaîne Elaine Lachaîne Firm: Lawyer: Adjuster: Karen Jenkins Insurer: Intact Insurance Claim No.: 4034385449 Therapist: Sébastien Ferland OT Reg.(Ont.) Date of Assessment: November 2, 2023 Date of Report: November 3, 2023

### **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 providing expert opinions in matters of human function to stakeholders in the automobile insurance sector, personal injury and family law, the Workplace Safety and Insurance Board (WSIB), Veterans Affairs and the Long-Term Disability sectors. His opinions are sought by both plaintiff and defense counsel in the context of resolving matters in personal injury and family law cases. He has been qualified several times as an expert in his field, providing testimony under oath in FSCO tribunals and cases appearing before the Ontario Superior Court of Justice.

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

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

### **PURPOSE OF REFERRAL:**

Mr. Ledoux was referred to the offices of 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 in relation to injuries he sustained in his accident of December 1, 2022 when he was hit by a vehicle as a pedestrian. This assessment was preceded by a visit by Greg Goddard, Lead Clinical Coordinator with Ferland & Associates, to gather preliminary information and assign required resources to support Mr. Ledoux in his recovery

### **SUMMARY OF FINDINGS:**

Jean-Marc Ledoux, formerly with the Ontario Provincial Police and on long-term disability for over two decades, has faced a substantial decline in his autonomy due to a motor vehicle accident which occurred on December 1, 2022 when he was hit by a car as a pedestrian. The accident-related injuries have severely limited his mobility, confining him to his apartment and disrupting his daily routine and personal interests that are crucial to his sense of self.

The injuries from the accident require daily nursing care for wound management, and have significantly restricted his ability to move freely. Mr. Ledoux is now unable to manage stairs or carry items, which has led to him feeling imprisoned within his own home.

Cognitive challenges have also arisen, with Mr. Ledoux experiencing memory issues and difficulties with concentration and organization. These problems may be exacerbated by his complex medication regimen, which treats a range of conditions including chronic pain, hypertension, bipolar disorder, and diabetes. The careful management of these medications is essential to his health.

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Mr. Ledoux's independence in daily living has been greatly impacted. He is dependent on a Personal Support Worker for basic needs, a stark contrast to his previous self-reliance. This dependency has affected his mental health, leading to a diminished sense of autonomy.

The accident has also disrupted Mr. Ledoux's social and leisure activities, which were central to his identity. His routine of feeding birds and ducks twice daily, which provided him with a sense of purpose and community connection, has been halted. Moreover, his engagement with music, a significant part of his life, has been interrupted.

The care plan for Mr. Ledoux is comprehensive, incorporating in-person occupational therapy sessions every two weeks, supplemented by sessions with a Rehabilitation Assistant on a weekly to twice-weekly basis. This plan is designed to support the goals set by this occupational therapist which are to foster engagement in meaningful activities and maximize his level of function and independence. It also aims to facilitate access to the community activities that Mr. Ledoux previously enjoyed and found fulfilling.

In summary, the accident has had a profound impact on Mr. Ledoux's life, particularly his mobility, independence, and participation in activities that were integral to his identity. The care strategy is tailored to address his complex health issues, support his limited independence, and reconnect him with the meaningful pursuits that contribute to his quality of life.

## **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 PSWfor 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.

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#### **Assistive Devices:**

Mr. Ledoux would at this time benefit from the provision of a Transfer Tub Bench to foster safe and independent bathtub transfers when he will be rel; eased to do so following healing of his skin graft.

# **Further Occupational Therapy Interventions:**

Mr. Ledoux would benefit from engagement in bi-weekly 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 assistance (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 a referral for physical therapy to begin work on rebuilding his strength and tolerances in support of increased functional output targeted as part of this OT treatment plan.

### **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):
- o Intact Insurance c/o Karen Jenkins, Accident Benefits Adjuster
- o 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

Mr. Ledoux has also reported a significant deterioration of his mental health and experiencing significant symptoms of anxiety and depression. He is socially isolated and has no meaningful activity to occupy his time. He spends all of his time in his small apartment watching television and ruminating.



# **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. Kennedy, Orthopaedic Surgeon	Period re-assessments performed	Assessed ankle status and provided directions for ongoing care.	November 21, 2023
Dr. Mellencamp, Orthopaedic Surgeon	Removed hardware originally installed by Dr. Kennedy post-MVA. No follow-up required.	NA	NA
Dr. Thrall, Plastic Surgeon	Unsure of last visit date.	Skin grafts were "taking" and the ankle wound is healing well with a small amount of draining left.	TBD
Dr. Laviolette, Vascular Surgeon	NA	Cauterized nose veins to stop nosebleeds.	NA
Dr. Prochino (GP) and Lucy Bedard (Nurse Practitioner)	Unsure	Monitoring medications	TBD

# **MEDICATION:**

Medication Name	Dosage/Frequency	Purpose
Dilaudid	2mg, 2X/day	Pain management
Hydromorph	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

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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	Broken in two places, 6 surgeries. Constant pain. He reports a "crunching noise" when he weight-bears on his left ankle. He has been encouraged to walk regularly however Mr. Ledoux is limited in his opportunities to walk due to limited space in his apartment and an inability to leave his home without assistance.	8/10 - 10/10
Left knee	Can't straighten it even when walking.	4/10 at rest up to 8/10 when walking
Left hip	Frequent changes of position required when sitting in his recliner.	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 during this assessment. Mr. Ledoux, an avid performing musician (keyboard player), has been unable to engage in music playing since his accident. He reports this as one of his most meaningful activities which he can no longer engage in as a result of limited use of his left hand.	7/10

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Left leg and forearm	Experiences what he describes as "nerve	8/10
	shocks" from his left ankle to his knee, and	
	from his left wrist to his elbow.	

## **Cognitive Symptoms:**

When questioned about changes in his cognitive function, Mr. Ledoux denied any substantial changes. However, upon further query, it is apparent that he is experiencing a variety of concerning cognitive changes, potentially related to his poor mental health and use of opiate medications for pain control. He noted being "slower", forgetful, unable to multitask and experiencing significant difficulty with organization and planning. This will be investigated further during the course of proposed OT treatment.

### **Emotional Symptoms:**

Mr. Ledoux noted that he experiences a number of troubling emotional symptoms which he experiences at this time:

- Depression and anxiety
  - Loss of interest in activities he previously enjoyed
  - o Panic attacks, recurrent
  - O Low mood, anhedonia
  - o Suicidal ideation
- Social isolation. His only steady relationship is with his cousin with whom he speaks every
  day for a couple of hours over the phone. His cousin is a regular source of
  encouragement.

### **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 reports spending most of his day sitting or lying on his recliner sofa. He is required to reposition himself regularly throughout the day and will independently get in and out of his sitting location. He does this with significant difficulty but persists through the motions of completing these transfers as required.  Mr. Ledoux remained seated in his sofa for periods of 30 minutes, interrupted by requests from this therapist to demonstrate various functional tasks. He was observed shifting his weight frequently during his time spent seated.
Bed mobility	Mr. Ledoux reported that he is unable to sleep in his bed as he cannot keep his left leg elevated comfortably. He can't turn on his side due to hip pain and thus finds the bed to not be a useful surface for him to utilize at this time.  Bed transfers were not observed during this assessment and will be revisited in rehabilitation initiatives geared at normalizing his sleep environment (return to his bedroom to retire at night) and sleep pattern (stabilize sleep-wake pattern by segmenting sleep environment from daytime environment).
Transfers	Mr. Ledoux demonstrated his ability to complete <b>chair and sofa</b> transfers independently. He was observed struggling while completing transfers and stopping mid-transfer to stabilize himself. He relied heavily on his crutches for support while standing and was found to be generally unstable on his feet and unable to stand safely without this mobility aid.  Mr. Ledoux demonstrated one <b>toilet transfer</b> and was found to struggle with the low-level toilet. Upon closer inspection, a raised toilet seat was located in his bathtub which was installed by this therapist. Mr. Ledoux will benefit from this higher level which mimics the height of his sofa.  He noted that he has been sponge bathing since his accident and precluded from showering or bathing due to the poor skin integrity issues he experienced at his skin graft sites. As these issues are now resolving, thi therapist would recommend the use of a <u>transfer tub bench</u> and associated shower head accessories to foster safe and independent access to his showering enclosure.

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Standing	Prior to the accident, Mr. Ledoux reported no significant issues with sustained static or dynamic standing. He acknowledged pain experiences however noted that he was able to engage in his daily routine without difficulty.
	He is currently reporting the ability to stand for periods of a few minutes then must sit to recover. He finds himself deconditioned and unable to sustain standing for any significant length of time.
	Short periods of static and dynamic standing observed by this therapist. Mr. Ledoux was observed frequently shifting his weight from side to side and rarely sustained standing in one place for more than a few minutes.
Balance	Static balance assessed using Four-Stage Balance Test, consisting of holding four different stances for at least 10 seconds each.  • with his feet together  • on one foot (right then left)  • while in a semi-tandem and,  • while tandem stance.
	Mr. Ledoux was unable to demonstrate any of the above postures without support from his crutches. While able to fully weight-bear, his balance is severely impaired. This therapist located a walker in Mr. Ledoux's apartment which he noted having purchased but never used. This therapist assessed Mr. Ledoux with this mobility aid and found a significant improvement in comfort levels in standing as well as his perceived safety. He was encouraged to make use of his walker when possible, although the cramped nature of his apartment limits the use of this device to access the kitchen environment where there is lack of room for pivoting. Consideration to reconfiguring the furniture in his apartment will be discussed with Mr. Ledoux during upcoming OT treatment sessions.
Walking	At the time of this therapist's arrival, Mr. Ledoux was making use of his crutches for all indoor mobility. He demonstrated a high reliance on these mobility aids, however a lack of confidence in ambulation was notable. The assessment of a Rollator walker found in Mr. Ledoux's bedroom under some clothing led to a recommendation for Mr. Ledoux to begin making use of his walker instead of his crutches and to follow his doctor's advice to begin walking more, even if only for short durations within the confines of his apartment for now. He would benefit from the introduction of physiotherapy treatments at this stage of his recovery.

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Stairs	There are three steps leading to Mr. Ledoux's main floor apartment from street level. These steps were observed to be uneven and not of standard code height. Mr. Ledoux reported struggling with these steps, fostering his overall isolation in his apartment. He has been encouraged to combine newfound use of his Rollator walker with access to existing PSW services provided through CCAC for engaging in a short outdoor walk regularly, until additional physical rehabilitative initiatives can be implemented. Stair access is complicated by the rental nature of this living accommodation with direct sidewalk access to Main Street in Hawkesbury, limiting options for ramp-type options. This will be explored with Mr. Ledoux in upcoming proposed OT treatment sessions.
Lifting/Carrying	Mr. Ledoux is unable to carry any objects while using his crutches. When using the rollator walker, he is able to use the seat pan of the walker to move small objects within his apartment. As a result of impairments to his left arm, he is unable to readily grip with any force in his left hand. Only his thumb, fourth and fifth digits were able to apply cylindrical grip to this therapist's digits.
Kneeling	Was able to kneel with some discomfort pre-accident.  Mr. Ledoux is unable to kneel at this time.
Squatting/Crouching	Was able to squat and crouch with some discomfort pre-accident.  He is currently unable to squat or crouch.
Bending	Mr. Ledoux is able to bend forward while seated to reach his toes. He cannot bend forward when standing.
Reaching	Mr. Ledoux is limited in his ability to reach with his left arm. His left shoulder presents with limited range of motion (approximately 50% active ROM) in all planes. He is able to reach using his right upper extremity.
Fine Motor Coordination	Mr. Ledoux was found to experience significant issues with fine motor coordination in his left hand. He was informally observed to be unable to effectively move his index through his ring finger for any form of fine gripping. When handling coins, he was observed relying on his right hand to manipulate individual pieces from a pile.

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# **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	
	Lateral flexion	WFL	WFL	although Mr. Ledoux reports stiffness and pain with active range of motion and in	
	Rotation	WFL	WFL	neutral position.	
	Extension	WI	FL		
Shoulder	Flexion	WFL	½ range	Left shoulder range of motion significantly impaired in all planes.	
	Extension	WFL	½ range	impaired in all planes.	
	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		
Wrist	Flexion	WFL	WFL	No identified limitations.	
	Extension	WFL	WFL		
	Supination	WFL	WFL		

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	Pronation	WFL	WFL		
Trunk	Forward flexion	½ range		Mr. Ledoux is unable to effectively bend	
	Lateral flexion	½ range	½ range	forward and reach beyond his upper-thighs as a result of severe pain he experiences in his lumbar spine.	
	Rotation	½ range	½ range	Tils fullibal spille.	
Hip	Flexion	WFL	WFL No identified limitations.		
	Extension	WFL	WFL		
Knee	Flexion	WFL	WFL	Unable to fully straighten or bend his left	
	Extension	WFL	¾ range	knee.	
Ankle	Dorsiflexion	WFL	WFL	No identified limitations.	
	Plantar flexion	WFL	WFL		

### **Emotional Presentation:**

Mr. Ledoux's emotional presentation was generally flat with periods of tearfulness throughout this assessment. He was found to open-up with relative ease as this therapist explored his daily experience resulting from his accident-related injuries. He was found to benefit greatly from the therapeutic interaction with this therapist and the beginnings of a solid therapeutic relationship were formed during this 2.5 hour touchpoint.

# **Cognitive Presentation:**

Mr. Ledoux presented with generally intact cognition during this assessment. He did display some difficulty with word finding on occasion and shared a general sense of being lost and being overwhelmed with what to do with his time. He appears unable to engage in constructive

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problem solving as he navigates intense psychological symptoms impacting his ability to focus on anything of substance for any length of time.

### **TYPICAL DAY:**

Mr. Ledoux reported that since his return home from the hospital, he has experienced a complete loss of the routine he enjoyed pre-accident. He noted that he is generally "locked in prison", referring to being constrained to the limited space in his apartment all day, every day, with nothing to do but stare at the television. He sleeps in his recliner chair and spends his waking hours in the same spot. He notes the absence of activities such as going to the park to feed birds and ducks (which he did twice daily pre-accident). He has a number of musical instruments in his apartment, which he has been unable to play. He is socially isolated and has a limited sense of time.

### **DESCRIPTION OF LIVING ENVIRONMENT:**

TYPE OF	Apartment, main floor, outdoor access via two concrete steps in disrepair			
DWELLING				
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	Laminate	
		kitchen		
Laundry	1	Washer and dryer located in the	Laminate	
		kitchen		
Stairs	2	Two steps in state of disrepair	Concrete	
		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.		
Basement	0	NA	NA	
Driveway	No driveway.			
Description				
Yard description	No ya	rd.		

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# LIVING ARRANGEMENTS/SOCIAL STATUS:

Marital Status	Married □ Single ☒ Common Law □ Other □	
Living Arrangement	Lives alone in an apartment	
Children	None	

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

### **Self-Care Activities:**

Prior to the subject motor vehicle accident, Mr. Ledoux was independent in the management of his core self-care activities.

Mr. Ledoux is currently dependent on assistance from a CCAC-provided Personal Support Worker for the management of his meals (supplemented by Meals-on-wheels) and sponge bathing. Assistance with laundry and housekeeping is also provided during these sessions. Mr. Ledoux noted having developed a strong relationship with his PSW who comes to his home 3 times weekly. She reportedly provides encouragement for him to exercise by walking short distances. Mr. Ledoux noted that she has offered to help him with meals by preparing food for him and bring him pre-portioned meals which are more enjoyable to Mr. Ledoux than Meals-on-wheels services.

Mr. Ledoux also receives daily nursing care for dressing changes to his left foot, where a skin graft is located. This is also being provided through the CCAC.

# **Home Management Activities:**

Legend of Ability:

I – Independent A – Partial with assistance D – With devices U – Unable NA – Not Applicable

Indoor Tasks	Pre-accident Engagement	Current Engagement	
Meal Preparation	I – No issues reported	U - He remains able to warm	
		items in the microwave but is	
		otherwise unable to prepare	
		meals for himself due to	
		limited use of his left hand	
		and poor balance/mobility.	
Dishwashing	I – No issues reported	U - Mr. Ledoux lacks the	
		balance, standing tolerance	
		and grip/pinch/fine motor	
		function in his left hand to	
		engage in bilateral activities	
		such as washing dishes	
Groceries/errands	I – No issues reported	A - Mr. Ledoux noted that he makes use of a Taxi service to	
		get to the local Wal-Mart for	
		periodic excursions. He will	

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		make use of an electric cart when there to get around the store and will seek assistance from staff to obtain items he cannot reach. He noted that he then relies on assistance from the taxi driver to carry his groceries back into his apartment. He notes that his PSW will assist in putting items away.	
Bathroom cleaning	I – No issues reported	U - Mr. Ledoux is unable to clean his washroom at this time.	
Making/changing beds	I – No issues reported	U - Mr. Ledoux is unable to change his bed sheets.	
Vacuuming	I – No issues reported	U - Mr. Ledoux cannot vacuum at this time.	
Sweeping	I – No issues reported	U - Mr. Ledoux cannot sweep at this time.	
Mopping	I – No issues reported	U - Mr. Ledoux cannot mop at this time.	
Dusting	I – No issues reported	U - Mr. Ledoux cannot dust at this time other than wiping small small spills on counter or table surfaces	
Tidying	I – No issues reported	U - Mr. Ledoux engages in limited tidying due to his limited mobility. He relies on his PSW to maintain his living environment.	
Laundry	I – No issues reported	U - Mr. Ledoux cannot manage his laundry and relies on his PSW to load his washer and dryer and fold clothes.	
Ironing	NA	NA	
Garbage Removal/Recycling	I – No issues reported	U - Mr. Ledoux relies on his PSW to take garbage and recycling out of his apartment to the curb for pickup.	

Outdoor Tasks Pre-accident Engagement	Current Engagement
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Lawn Care	NA	NA
Gardening	NA	NA
Snow Removal	NA	NA

# **Caregiving Activities:**

Prior to the subject motor vehicle accident, Mr. Ledoux was the primary caregiver for his father, who has sadly passed away since Mr. Ledoux's motor vehicle accident. He noted feeling a deep sense of loss and noted that this loss has deepened his social isolation. He qualified his father as "my best friend".

#### **Vocational Activities:**

Mr. Ledoux noted having not worked since 2000 when he was required to take a medical leave from the OPP due to a diagnosis of Bi-polar disorder. He was not employed at the time of the subject motor vehicle accident.

#### Leisure Activities:

Prior to the subject motor vehicle accident, Mr. Ledoux noted that he enjoyed the following leisure activities:

- Music (Keyboard and guitar)
- Feeding birds and ducks daily at a local park
- Spending time with his father

At the time of this assessment, Mr. Ledoux has found a complete interrupt

### **Community Access:**

Mr. Ledoux noted that he has experienced a significant deterioration in his ability to access the community. He noted that he will access a local Wal-Mart via taxi service on occasion to obtain a few items but is dependent on the taxi driver's willingness to assist to transport any items into his home. He is at this time, for all intents and purposes, confined to his small 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 November 3, 2023. 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	Mr. Ledoux demonstrated the	0 minutes per week
<ul> <li>Upper body</li> </ul>	strength, range of motion and	
Lower Body	postural tolerances required	
Undress	to manage dressing and	0 minutes per week
Upper body	undressing activities	
Lower Body	independently. He confirmed	
	that he manages this task	
	independently albeit in a slow	
	manner at times with breaks	
	if symptoms are flared.	
Prosthetics	NA	0 minutes per week
Orthotics	NA	0 minutes per week
Grooming	Mr. Ledoux requires	65 minutes per week
• Face	assistance with hair care,	
• Hands	fingernail and toenail care.	
<ul> <li>Shaving</li> </ul>		
<ul> <li>Cosmetics</li> </ul>		
Brush/shampoo/dry/style		
hair		
<ul> <li>Fingernails</li> </ul>		
<ul> <li>Toenails</li> </ul>		

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Feeding	Mr. Ledoux is unable to	0 minutes per week
	prepare meals for himself and	
	requires assistance with all	
	aspects of meal preparation.	
Mobility *	Mr. Ledoux would benefit	420 minutes per week
	from assistance to walk	
	outside of his home for short	
	periods three times daily.	
Extra Laundering		0 minutes per week

<sup>\*</sup> 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
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 checkins 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

<sup>\*</sup> 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

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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	NA	0 minutes per week
and Supplies		



Skilled Supervisory Care (for	NA	0 minutes per week
aggressive or violent		
behaviour)		

# **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)

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# **CLOSING COMMENTS:**

This therapist may be contacted through the offices of FERLAND & ASSOCIATES REHABILITATION INC. at 613-776-1266 or by email at <a href="mailto:info@ferlandassociates.com">info@ferlandassociates.com</a>.

Sincerely,

Sebastien Ferland OT Reg.(Ont)

Encl: Form 1

Cc: Burn Tucker Lachaîne % Elaine Lachaîne

Intact Insurance

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.

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