OCCUPATIONAL THERAPY IN-HOME ASSESSMENTForensicaLetterheadBottomGraphic

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| --- | --- | --- | --- |
| Client Name: | Mohammed Said | Date of Loss: | March 23, 2021 |
| Address: | 1455 Heatherington Road, Apt 1208, Ottawa, ON | Date of Birth: | November 14, 1986 |
| Telephone #: | 613-853-4824 |  |  |
| Lawyer: | Frank McNally | Firm: | McNally Gervan |
| Adjuster: |  | Insurer: | Belair Insurance Company Inc. |
|  |  | Claim No.: | 4033327718 |
| Therapist: | Sebastien Ferland OT Reg.(Ont.) | Date of Assessment: | September 12 and 17, 2024 |
|  |  | Date of Report: | September 30, 2024 |

THERAPIST QUALIFICATIONS:

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

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

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

ASSESSMENT PREAMBLE:

Mohammed Said, a 37-year-old male, was involved in a motor vehicle collision as a driver on March 23, 2021. This assessment was conducted to evaluate Mr. Said's current functional status and provide recommendations for ongoing care and rehabilitation. The assessment took place at Mr. Said's residence on September 12 and 17, 2024.

Mr. Said sustained injuries to his neck, left shoulder, and lower back as a result of the collision and continues to experience chronic pain symptoms. He also reports cognitive difficulties and emotional changes since the accident. This assessment aims to identify Mr. Said's current functional abilities and limitations, and to recommend appropriate interventions to support his recovery and improve his quality of life.

An OCF18 for the completion of this assessment was submitted to the insurer via HCAI and this plan was denied in full, with no explanation available. Given the urgency of Mr. Said’s situation, this therapist proceeded with completing the assessment as well as provide core stabilization interventions.

SUMMARY OF FINDINGS:

Mr. Mohammed Said is a 37-year-old male who was involved in a motor vehicle collision as a driver on March 23, 2021. As a result of this accident, Mr. Said sustained injuries to his neck, left shoulder, and lower back, leading to chronic pain that continues to significantly impact his daily life. In addition to these physical symptoms, Mr. Said reports experiencing cognitive difficulties and emotional changes since the accident.

Mr. Said's physical symptoms are characterized by severe chronic pain, particularly in his lower back and left shoulder, both of which he rates at 8/10 on a pain scale. He also experiences frequent headaches (5/10) accompanied by sensitivity to light and noise. These symptoms have substantially reduced his physical tolerances. Mr. Said can now only sit for about 30 minutes, stand for 5 minutes, and walk for approximately 300 meters before needing to rest. His lifting capacity has been limited to about 5 pounds due to back and shoulder pain.

Cognitively, Mr. Said reports challenges with short-term memory, attention, and concentration. He experiences slowed processing speed and difficulty with decision-making, planning, and organizing tasks. These cognitive changes have impacted his ability to engage in complex activities and manage his daily responsibilities effectively.

Emotionally, Mr. Said presents with symptoms of depression and anxiety, including mood swings and increased irritability. He struggles with stress management and emotional regulation. Mr. Said reports a history of panic attacks, with the most recent episode occurring two months ago.

Mr. Said has a history of significant substance abuse issues, which culminated in mid-August 2024. Mr. Said reports maintaining sobriety since the date of August 14, 2024. This history of substance abuse has likely compounded the challenges he faces in his recovery from the accident-related injuries.

Mr. Said's injuries and ongoing symptoms have led to substantial changes in his life circumstances. He has been unable to return to his pre-accident employment as a soup cook at Farm Boy, resulting in financial strain. He now relies on ODSP (Ontario Disability Support Program) for income. Mr. Said also experienced a divorce following the accident and has recently obtained housing through Ottawa Housing, with a move-in date of September 23, 2024. This new living situation represents a positive step towards stability in his recovery.

Despite his limitations, Mr. Said continues to provide care for his two young children, ages 4 and 5, on a part-time basis. He requires assistance from family members for transportation and some daily tasks. His engagement in home management, leisure activities, and social interactions has been significantly reduced due to his physical and cognitive limitations.

Mr. Said's complex presentation, including his physical injuries, cognitive changes, emotional symptoms, and history of substance abuse, necessitates a comprehensive rehabilitation approach. This approach should address his physical limitations, chronic pain management, cognitive functioning, emotional well-being, and substance abuse recovery. The recent improvements in his housing situation and his maintained sobriety provide a foundation for implementing strategies to enhance his overall quality of life and functional independence.

Recommendations for equipment, therapy services, and other interventions will be outlined in this report to support Mr. Said's ongoing recovery and to enhance his ability to engage in meaningful daily activities, manage his symptoms, and work towards increased independence and well-being.

RECOMMENDATIONS:

Attendant Care:

Housekeeping:

Assistive Devices:

Further Occupational Therapy Interventions:

Referral for Other Services:

INFORMED CONSENT STATEMENT:

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

* An occupational therapy assessment is to be conducted by this therapist, a registered occupational therapist with the College of Occupational Therapists of Ontario (COTO).
* The assessment has been requested by his legal representative, Mr. Frank McNally of McNally Gervan.
* The purpose of this assessment is to assess Mr. Said’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. Said 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):
* Belair Insurance Company Inc., c/o Sophia Karabinis, Accident Benefits Adjuster
* McNally Gervan, c/o Frank McNally, Legal Representative

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

DOCUMENTATION REVIEWED:

1. Hospital Records
2. The Ottawa Hospital
3. Clinical notes and records from December 12, 2017, to April 14, 2023
4. Clinical notes and records received July 31, 2024
5. Montfort Hospital
6. Clinical notes and records from March 23, 2017, to July 3, 2024
7. Family Doctor
8. Dr. George Richardson
9. Clinical notes and records received April 1, 2022
10. Treating Specialists
11. Function ability
12. Occupational Therapy Initial Report: In-Home Functional Assessment, dated December 8, 2023
13. Apollo Physical Therapy
14. Clinical notes and records from July 25, 2022, to August 11, 2022
15. Clinical notes and records from March 03, 2016, to March 08, 2022
16. Clinical notes and records from March 8, 2022, to June 21, 2024

PRE-ACCIDENT MEDICAL HISTORY:

Prior to the motor vehicle collision on March 23, 2021, Mr. Said reported being in generally good physical health. He was an active individual who prioritized his well-being. However, he did have some pre-existing conditions and a history of mental health challenges:

1. Burns: Mr. Said has scarring from past burns on his face and upper body, including his arms and hands, which were sustained in a house fire when he was younger. He made a good recovery from these injuries, noting only limitations with neck extension due to skin tightness and sensitivity to sun and temperature.
2. Mental Health: Mr. Said has a history of depression, for which he was prescribed antidepressant medication approximately 10 years before the accident. He reports taking this medication on and off for about a year before discontinuing as he was feeling better.
3. Substance Use: Mr. Said has a history of alcohol use disorder. However, he reports having been sober for over 10 years prior to the motor vehicle collision.
4. Neck Mobility: Due to the burn injuries, Mr. Said experienced some limitation in neck extension. This pre-existing condition did not significantly impact his daily functioning before the accident.
5. Other Medical Conditions: Mr. Said did not report any other significant medical conditions, chronic illnesses, or ongoing health concerns prior to the accident.

While Mr. Said had a history of mental health challenges and substance use, he reports that these were well-managed in the years leading up to the accident. He was functioning independently, maintaining full-time employment, and actively participating in family life without significant limitations from his pre-existing conditions.

MECHANISM OF INJURY:

On March 23, 2021, Mr. Mohammed Said was involved in a motor vehicle collision. At the time of the incident, Mr. Said was the sole occupant and driver of a Kia Forte, and he was wearing a seatbelt. The collision occurred as Mr. Said was driving on Bank Street and had stopped at an intersection. Another vehicle, which had turned right onto Bank Street behind Mr. Said, failed to stop and rear-ended his vehicle.

The impact caused Mr. Said's chest to strike the steering wheel. However, the collision was not severe enough to deploy the airbags, and Mr. Said's vehicle did not collide with any other vehicles. Police attended the scene, but emergency medical services were not required. Mr. Said and the other driver exchanged information and left the scene.

Immediately following the accident, Mr. Said did not report any symptoms. However, the next day, he experienced significant lower back pain. In response to this pain, Mr. Said consulted his family physician, Dr. George Richardson. Dr. Richardson examined Mr. Said, prescribed pain medication, and recommended physiotherapy. Additionally, Dr. Richardson provided a requisition for x-rays, which Mr. Said had not yet completed at the time of this assessment.

Following his doctor's advice, Mr. Said initiated physiotherapy, attending sessions once a week for approximately two months. His condition improved during this period, leading him to discontinue physiotherapy. However, when his lower back pain subsequently returned, Mr. Said resumed physiotherapy at a different facility.

NATURE OF INJURY:

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

* Concussion S.06.0
* Sprain and strain of unspecified part of shoulder girdle S.43.79
* Sprain and strain of lumbar spine S.33.5
* Mental and behavioural disorders due to use of alcohol F.10
* Depressive episode F.32

COURSE OF RECOVERY TO DATE:

Following the motor vehicle collision on March 23, 2021, Mr. Mohammed Said's recovery has been complicated by both his accident-related injuries and pre-existing alcohol abuse issues. These factors have led to inconsistent engagement with treatment and periods of unstable living conditions.

Mr. Said experienced delayed onset of symptoms, reporting significant lower back pain the day after the collision. He consulted his family physician, Dr. George Richardson, who prescribed pain medication and recommended physiotherapy. Mr. Said attended weekly physiotherapy sessions for approximately two months, reporting some improvement in his condition during this time.

However, Mr. Said's alcohol abuse worsened after the accident, leading to periods of homelessness. He resided in a shelter for some time, which negatively impacted his ability to consistently attend medical appointments and rehabilitation sessions.

Mr. Said's living situation changed several times during his recovery. After leaving the shelter, he lived with his sister for a period, then moved in with his ex-wife. While living with his ex-wife, Mr. Said maintained a period of sobriety, which coincided with more consistent medical treatment.

Throughout this time, Mr. Said continued to see Dr. Richardson approximately every three weeks. He also received physiotherapy at Apollo once per week and participated in occupational therapy for two months. These treatments were interrupted when Mr. Said traveled to Africa from October to December 2023.

On August 14, 2024, Mr. Said reports ceasing all substance use. He has maintained sobriety since this date, marking a significant change in his recovery process. On September 23, 2024, Mr. Said moved into an apartment provided by Ottawa Housing, establishing a more stable living environment.

Despite these improvements, Mr. Said continues to experience persistent symptoms. He reports chronic pain in his lower back and left shoulder, frequent headaches, cognitive difficulties including problems with memory and concentration, and emotional issues such as depression and anxiety. These ongoing problems have prevented his return to pre-accident employment. Mr. Said currently receives Ontario Disability Support Program (ODSP) benefits.

Mr. Said's recovery has been significantly influenced by the interplay between his physical injuries, mental health issues, substance abuse, and housing instability. While he has recently achieved sobriety and stable housing, he continues to face substantial challenges related to his accident injuries. These recent positive changes may provide a foundation for more consistent engagement with treatment moving forward.

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. George Richardson, GP | 2 months ago | Checking on client, renewed medication for pain. General health questions, blood tests. | October 21, 2024 |

MEDICATION:

|  |  |  |
| --- | --- | --- |
| Medication Name | Dosage/Frequency | Purpose |
| Tylenol | PRN | Pain relief |

SUBJECTIVE INFORMATION (CLIENT REPORT):

Physical Symptoms:

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

|  |  |  |
| --- | --- | --- |
| Symptom/Complaint | Details | Pain Rating if Necessary |
| Lower Back Pain | Pain is constant. Experiences momentary improvements but pain returns quickly with bending or lifting. Walking more than 5 minutes leads to increased pain. | 8 |
| Left Shoulder Pain | Pain is constant with activity. Feels sore and "frozen". Exacerbated by lifting objects or sleeping on left side. | 8 |
| Headaches | Occur when overstimulated. More common at nighttime. Likes to be in quiet place when experiencing headaches. | 5 |
| Dizziness/Vertigo | Reported as present but no specific rating given. | Not rated |
| Sensitivity to Light/Noise | Associated with headaches. | Not rated |

Emotional Symptoms:

Mr. Said reports experiencing significant emotional symptoms since the accident. He endorses symptoms of depression and anxiety, including frequent mood swings and increased irritability. Mr. Said describes having difficulty managing stress and regulating his emotions. He reports a history of panic attacks, with the most recent episode occurring two months prior to this assessment.

Mr. Said's emotional state is characterized by quick shifts to anger, though he notes these episodes typically resolve within about 5 minutes. He expresses feeling overwhelmed by daily activities and having difficulty coping with challenges. Mr. Said reports sudden outbursts of anger, though he denies any episodes of crying since achieving sobriety.

It's noteworthy that Mr. Said has a history of substance abuse, particularly alcohol, which culminated on August 14, 2024. Since that date, he reports maintaining sobriety, which may be positively influencing his emotional stability.

Cognitive Symptoms:

Mr. Said reports experiencing several cognitive symptoms since the accident. He endorses difficulties with short-term memory, often misplacing objects and forgetting appointments. While his long-term memory appears intact, he struggles with remembering recent events and information.

Attention and concentration are significant areas of concern for Mr. Said. He reports difficulty maintaining focus and completing tasks. His processing speed has slowed, noting that he often takes longer to understand what is being said to him and to respond in conversations.

Mr. Said also experiences challenges with executive functioning. He reports difficulty with planning and organizing tasks, as well as making decisions. Problem-solving in everyday situations has become more challenging for him.

Mental fatigue is a significant issue for Mr. Said. He reports feeling mentally exhausted after short periods of cognitive activity and feeling overwhelmed by complex tasks.

These cognitive symptoms, combined with his physical pain and emotional challenges, significantly impact Mr. Said's daily functioning and quality of life. They affect his ability to manage household tasks, engage in social activities, and consider return-to-work options.

Symptom Management Strategies:

Mr. Said reported making use of the following strategies to manage his symptoms:

1. Medication: Takes Tylenol as needed for pain management.
2. Social interaction: Goes to Tim Hortons to engage in conversation, which helps distract from symptoms.
3. Outdoor activities: Spends time with his children at the park, which provides both physical activity and emotional support.
4. Rest: Uses periods of rest to manage fatigue and pain.

FUNCTIONAL AND BEHAVIOURAL OBSERVATIONS:

Tolerances, Mobility and Transfers:

|  |  |
| --- | --- |
| Activity | Client Report and Therapist Observations |
| Sitting and repositioning | 30 minutes then has to change position. |
| Bed mobility | Difficulty repositioning himself due to pain. |
| Transfers | Independent |
| Standing | 5 minutes then must sit down. Unable to cook meals for himself. |
| Balance | Not specifically assessed or reported. |
| Walking | Limited to short distances. 300 meters then has to rest and recover. |
| Stairs | Able to use reciprocal stair climbing pattern with handrail. |
| Lifting/Carrying | 5 lbs, anything more causes pain in his back and shoulders. |
| Kneeling | No identified limitations |
| Squatting/Crouching | No identified limitations |
| Bending | Able to touch the ground. |
| Reaching | When symptoms are flared, range is limited and he experiences sharp pain. This occurs daily, typically later in the day. |
| Fine Motor Coordination | No identified limitations. |

Active Range of Motion:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Legend:  WFL: Within Functional Limits  %: approximate percentage of normal range  Nominal: less than 25% range | | | | |
| Movement | | Right | Left | Comments |
| Neck | Forward flexion | WFL | | No identified limitations. |
| Lateral flexion | WFL | WFL |
| Rotation | WFL | WFL |
| Extension | WFL | |
| Shoulder | Flexion | 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:

Cognitive Presentation:

TYPICAL DAY:

Mr. Said's daily routine is as follows:

6:00 AM:

* Wakes up
* Brushes teeth
* Assists in preparing his children (ages 5 and 4) for school, alongside his ex-wife

8:15 AM:

* Children are picked up by the school bus
* Returns home and has breakfast with his wife

9:00 AM:

* Goes out with his wife for appointments or shopping

11:00 AM:

* Returns home and has lunch

1:00 PM - 3:00 PM:

* Spends most of the afternoon resting
* Lies on the couch and watches TV due to pain and fatigue

3:30 PM:

* Assists with feeding the children, sharing this responsibility with his wife

5:00 PM - 6:30 PM:

* If feeling able, goes to the park with the children
* If unable to go out, stays home and entertains the children

7:00 PM:

* Assists his wife with bathing the children

8:00 PM:

* Puts the children to bed

9:00 PM - 10:00 PM:

* Relaxes

10:00 PM:

* Goes to sleep

Mr. Said notes that his daily activities are often limited by pain and fatigue. He requires frequent rest periods and has difficulty engaging in sustained physical activities. His involvement in childcare tasks is significant, but he often needs to balance this with managing his symptoms. The structure of his day appears to be largely shaped around his children's schedules and his need for rest periods.

ENVIRONMENTAL ASSESSMENT:

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF DWELLING | Apartment, 12th floor, Ottawa Housing Building | | |
| ROOMS | Qty | LOCATION/DESCRIPTION | FLOOR COVERING |
| Bedrooms | 1 | Single bedroom without any furnishings observed on the day of this assessment. | Vinyl laminate |
| Bathrooms | 1 | Bathroom equipped with standard toilet and tub/shower | Vinyl laminate |
| Living Room | 1 | Adjacent to kitchen and bedroom. | Vinyl laminate |
| Family Room | 0 | NA | NA |
| Dining Room | 0 | NA | NA |
| Kitchen | 1 | Small galley kitchen | Vinyl laminate |
| Laundry | 1 | Apartment basement, public laundry facility | NA |
| Stairs | No | Mr. Said has access to an elevator to reach his 12th floor apartment. His apartment is on one level without any stairs. | NA |
| Basement | No | NA | NA |
| Driveway Description | None | | |
| Yard description | None | | |

LIVING ARRANGEMENTS/SOCIAL STATUS:

|  |  |
| --- | --- |
| Marital Status | Married ☐  Single ☐  Common Law ☐  Other **X** Separated |
| Living Arrangement | Has moved-in to an Ottawa Housing building on September 23, 2024 following a period of homelessness and living with family. |
| Children | Two children, ages 4 and 5 |

ACTIVITIES OF DAILY LIVING (Pre and Post Accident):

Pre and Post Accident Self-Care Activities:

Prior to the accident, Mr. Said was independent in all aspects of self-care. Currently, he remains largely independent in basic self-care tasks, but experiences some limitations due to pain and reduced mobility:

1. Personal Hygiene: Mr. Said is able to manage his personal hygiene independently, including brushing teeth and basic grooming. However, these tasks take longer due to pain and fatigue.
2. Bathing/Showering: He is able to bathe independently but requires more time and experiences discomfort during the process.
3. Dressing: Mr. Said can dress himself independently but may have difficulty with certain items of clothing due to his shoulder pain and limited mobility.
4. Toileting: He manages toileting independently with no reported issues.
5. Feeding: Mr. Said is able to feed himself independently. However, he reports being unable to prepare complex meals due to physical limitations.

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 - Shared meal preparation with his wife | A - Unable to make complex meals. His wife will prepare meals once they move. |
| Dishwashing | I - Shared | I |
| Groceries/errands | I - Shared | A - With transportation assistance |
| Bathroom cleaning | I - Shared | U |
| Making/changing beds | I - Shared | I |
| Vacuuming | I | I |
| Sweeping | I | I |
| Mopping | I | U |
| Dusting | I | I |
| Tidying | I | I |
| Laundry | I | I |
| Garbage Removal/Recycling | I | A - Has garbage chute where he is moving |

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

Finances/Financial Management:

Prior to the subject motor vehicle accident, Mr. Said reported that he managed his family finances in tandem with his wife.

At the time of this assessment, Mr. Said noted having very basic needs and resources, which he anticipates managing independently. This will be monitored in consideration of his alcoholism and potential for resumption of addiction patterns.

Caregiving Activities:

Mr. CLIENT is not the primary caregiver for any of his children at this time.

Vocational Activities:

|  |  |
| --- | --- |
| Pre-accident Employment Status | Employed full-time |
| Employer | Farm Boy |
| Job Title/Duties | Soup Cook: responsible for the preparation of large quantities of various soups, based on recipes provided. |
| Hours per week | 37.5 |
| Comments | Mr. Said noted that he stopped working at the time of the pandemic due to restrictions, and was unable to return to work when this was possible due to his ongoing symptoms. |

|  |  |
| --- | --- |
| Current Employment Status | Unemployed |
| Comments | Mr. Said is a recipient of the Ontario Disability Support Program as well as a tenant of Ottawa Housing. |

Leisure Activities:

Community Access:

Volunteer Activities:

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

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

|  |  |  |
| --- | --- | --- |
| Task | Observations/Comments | Weekly Time Allotted |
| Dress   * Upper body * Lower Body |  | 0 minutes per week |
| Undress   * Upper body * Lower Body | 0 minutes per week |
| Prosthetics |  | 0 minutes per week |
| Orthotics |  | 0 minutes per week |
| Grooming   * Face * Hands * Shaving * Cosmetics * Brush/shampoo/dry/style hair * Fingernails * Toenails |  | 0 minutes per week |
| Feeding |  | 0 minutes per week |
| Mobility \* |  | 0 minutes per week |
| Extra Laundering |  | 0 minutes per week |

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

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

|  |  |  |
| --- | --- | --- |
| Task | Observations/Comments | Weekly Time Allotted |
| Hygiene \*   * Clean tub/shower/ sink after use * Change bedding, make bed, clean room * Ensure comfort and safety (bedroom) * Assist in daily wearing apparel * Hand/sort clothes to be laundered |  | 0 minutes per week |
| Basic Supervisory Care \*\* |  | 0 minutes per week |
| Co-ordination of Attendant Care |  | 0 minutes per week |

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

\*\* As per the National Research Counsel of Canada (2006), the Available Safe Escape Time (ASET) for a single-family house equipped with smoke alarms, may only be 3 minutes. The Required Safe Escape Time (RSET) is the amount of time required for an individual to evacuate or reach an area of safety. Factors that impact the ability to evacuate quickly include age, sleep stage (those in deep stages have more difficulty being roused), drugs (e.g.,

individuals taking a sleeping aid} and alcohol consumption, and those who have physical and mental disabilities. In Canada, winter conditions must also be considered, as “preparation for further action” activities including donning boots and coats, and gathering belongings, require additional time.

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

|  |  |  |
| --- | --- | --- |
| Task | Observations/Comments | Weekly Time Allotted |
| Genitourinary Tracts |  | 0 minutes per week |
| Bowel Care |  | 0 minutes per week |
| Tracheostomy |  | 0 minutes per week |
| Ventilator Care |  | 0 minutes per week |
| Exercise |  | 0 minutes per week |
| Skin Care |  | 0 minutes per week |
| Medication |  | 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. |  | 0 minutes per week |
| Other Therapy (TENS, DCS) |  | 0 minutes per week |
| Maintenance of Equipment and Supplies |  | 0 minutes per week |
| Skilled Supervisory Care (for aggressive or violent behaviour) |  | 0 minutes per week |

Attendant Care Calculation:

Part 1 - Routine Personal Care 0 hours per week $0 /month

Part 2 - Basic Supervisory Functions 0 hours per week $0 /month

Part 3 - Complex Health/Care and Hygiene 0 hours per week $0 /month

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

CLOSING COMMENTS:

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

Sincerely,



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

Sebastien Ferland OT Reg.(Ont)

Encl: Form 1

Cc: LF

Insurer

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*.*