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**OCCUPATIONAL THERAPY**

**IN-HOME ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name:** | Ali El-Jammal | **Date of Loss:** | 2017-12-12 |
| **Address:** | 431 Donald Street, Unit 2, Ottawa ON K1K 1L8 |  |  |
| **Telephone #:** | 613-688-7373 |  |  |
| **Lawyer:** | Frank McNally | **Firm:** | McNally Gervan |
| **Adjuster:** | Brigitte Gratton | **Insurer:** | Coseco Insurance Company |
|  |  | **Claim No.:** | 001336230 |
| **Therapist:** | Sebastien Ferland OT Reg.(Ont.) | **Date of Assessment:** | 2018-03-27 |
|  |  | **Date of Report:** | 2018-04-04 |

**THERAPIST QUALIFICATIONS:**

Sebastien is an Occupational Therapist with over 19 years of experience. His professional practice began in 1998 when he graduated Magna Cum Laude from the University of Ottawa and launched himself in the world of private business. Over the years, Sebastien has provided services to the automobile insurance and legal communities as well the WSIB, Veterans Affairs and the Long-Term Disability sector.

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

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

**PURPOSE OF REFERRAL:**

To perform an assessment with respect to Mr. El-Jammal’s ability to manage those functional activities Mr. El-Jammal was responsible for prior to the motor vehicle accident of 2017-12-12.

**SUMMARY OF FINDINGS:**

Mr. El-Jammal is a 45 year old man of Lebanese descent who was involved in a car accident on December 12, 2017. He was riding as a passenger when the vehicle he was riding in was rear-ended by a pickup truck equipped with a snow removal blade while slowing down during poor weather conditions. The vehicle was reportedly pushed off the road and into a deep 8’ ditch. Mr. El-Jammal reported struck his head on the side pillar of the passenger window resulting in a loss of consciousness of indeterminate duration. Mr. El-Jammal was taken by ambulance to the Ottawa General Hospital where he was seen in the Emergency Room and released the next day. He was cleared for any fractures or internal injuries and released to the care of his family physician, Dr. Robert.

Since the accident, Mr. El-Jammal has experienced severe pain symptoms affecting his neck and lower back as well as neurological symptoms affecting his right shoulder, right arm and right leg. He has also experienced concussive symptoms which include severe daily headaches, hypersensitivity to light and decreased cognitive function. Mr. El-Jammal is currently experiencing acute emotional distress and reported some suicidal ideation.

From a functional perspective, Mr. El-Jammal has been unable to manage any of his pre-accident workplace activities. He worked as a pizza restaurant manager and cook, working upwards of 70 – 80 hours per week. He is currently experiencing significant financial strain leading to his imminent eviction from his apartment. He has been financially supported by friends up until recently when his friends told him they could no longer continue lending him money. He will reportedly be moving in with his friend upon eviction where he plans on continuing his recovery.

Mr. El-Jammal requires significant Attendant Care at this time due to a combination of psychological and physical symptoms. He is also unable to manage any of his housekeeping functions and would also benefit from housekeeping assistance at this time.

Mr. El-Jammal would strongly benefit from a multi-disciplinary approach to his injuries which should include physical therapy, psychology and occupational therapy. He has reportedly undergone a psychological assessment recently and hopes to begin treatment as soon as possible. An OCF18 for the provision of an initial block of Occupational Therapy will be submitted to the insurer for consideration.

**RECOMMENDATIONS:**

**Attendant Care:**

Mr. El-Jammal is currently in need of significant amounts of Attendant Care as a result of his severe pain symptoms (and associated physical impairments) and of his current psychological presentation. He would at this time benefit from approximately 131 hours of Attendant Care per month totaling a monthly Attendant Care benefit of $2387.81.

**Housekeeping:**

Mr. El-Jammal is currently unable to contribute to any form of housekeeping or home maintenance as a result of his significant physical impairments. He would benefit from 7.92 hours per week of housekeeping assistance.

**Assistive Devices:**

Mr. El-Jammal would benefit from the use of the following assistive devices to promote safety during bathing/showering activities:

* Grab bars
* Bath seat
* Telephone shower head

The provision of these devices was discussed with Mr. El-Jammal who indicated that he did not believe it would be practical to acquire them until he moved to his friend’s home. He is facing imminent eviction from his apartment and wishes to wait for his move to occur before moving forward with assistive device implementation.

**Further Occupational Therapy Interventions:**

Mr. El-Jammal would benefit from Occupational Therapy services at this time to assist him with integrating meaningful activity in his daily routine as well as to reduce his level of dependency on his friends to manage his difficult situation. An OCF18 will be submitted for an initial block of 6 treatment sessions for consideration by the insurer.

**Referral for Other Services:**

Mr. El-Jammal would benefit from interventions from a multi-disciplinary team of providers including physical therapy and psychological care. Referrals for these services have already been made and treatment initiation is under way based on this this assessment with Mr. El-Jammal.

**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 the law offices of McNally Gervan.
* The purpose of this assessment is to assess Mr. El-Jammal’s current functional status as it relates to his ability to complete his reported pre-accident activities of daily living.
* The proposed assessment will include: an interview, a physical assessment and also observations of the ability to complete functional tasks within and around the home as well as education on safe means of completing activities of daily living if required.
* Due to the physical nature of the assessment, pain and fatigue are possible temporary side effects.
* Recommendations may be provided at the conclusion of the assessment. These recommendations may include:
  + Occupational Therapy Treatment
  + Assistive Devices
  + Referral to other practitioners
  + Support services
* A submission for funding will be submitted to the insurer for any goods and/or services on an OCF18 – Assessment and Treatment Plan. The insurer may approve or deny the plan (in part or in whole). Should a denial or partial denial occur, an independent examination by another Occupational Therapist may be requested by the insurer. This may be an in-person assessment or a remote paper-review assessment. Funding for the requested goods and/or services may ultimately be declined.
* Mr. El-Jammal 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):
* Coseco Insurance, c/o Brigitte Gratton, Adjuster
* McNally Gervan, c/o Frank McNally

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

**DOCUMENTATION REVIEWED:**

There was no documentation available for review at the time of this In-Home Assessment.

**PRE-ACCIDENT MEDICAL HISTORY:**

Mr. El-Jammal was in excellent physical health prior to the accident. He worked full-time hours as a pizza restaurant manager and cook, often exceeding 70 – 80 hours per week. He did report a childhood history of trauma during his time living in Lebanon.

In 1982, when Mr. El-Jammal was 9 years old, he reported that the building he lived in was hit by mortar shells. He was hit in the chest by shrapnel and Israeli soldiers picked him up and provided medical attention. He remained in Israel for 4 months where he recovered and returned home to his parent’s care. He reported a history of bad dreams and hypervigilance following this incident. He is sensitive to airplane noises and balloons popping, etc. These symptoms remained present at the time of the subject motor vehicle accident but were however flared significantly.

**MECHANISM OF INJURY:**

Mr. El-Jammal reported being a passenger in a car driven by his friend “Mo”. The driver was trying to slow down due to blowing snow and was rear-ended by a pickup truck equipped with a snow removal blade. The car was pushed into a ditch of approximately 8 feet in depth. Mr. El-Jammal reported hitting his head on the side pillar of the passenger window. He lost consciousness for an indeterminate period of time. He was taken by ambulance to the Ottawa General Hospital where he was treated for his injuries. He remained in the hospital overnight and was released to the care of his GP (Dr. Robert @ Greenboro Family). He saw his physician a few days later. He was sent for repeat x-rays and was provided with medication. He was referred to physiotherapy and chiropractic care in addition to massage. He is now attending Apollo Physical Therapy Centres 2 – 3 time per week.

**NATURE OF INJURY:**

Based on this assessment, Mr. El-Jammal is believed to have sustained the following injuries as a result of the subject motor vehicle accident. Please note that this therapist cannot provide diagnoses within his scope of practice and hence the following are potential diagnoses provided for the purposes of highlighting areas of concern expressed by Mr. El-Jammal. These diagnoses require confirmation from appropriate medical professionals including Mr. El-Jammal’s family physician and a psychologist.

* Possible concussion
* Sprain and strain of cervical spine
* Sprain and strain of lumbar spine
* Anxiety and depression
* Potential aggravation of pre-existing Post-Traumatic Stress Disorder (PTSD)

**COURSE OF RECOVERY TO DATE:**

Since the subject motor vehicle accident, Mr. El-Jammal reported the following course of recovery:

* He saw his family physician shortly following the accident and was prescribed medication and provided a prescription for physiotherapy. He is now attending Apollo Physical Therapy Centres two to three times weekly.
* He has been referred to Dr. Nahas of the Seeker’s Centre for pain management interventions.
* He was assessed by a psychologist at the request of his legal representative. Mr. El-Jammal could not recall the name of the psychologist who assessed him.

Mr. El-Jammal remains highly symptomatic, both physically and psychologically and he presented in a state of acute psychological distress throughout this assessment. His friend Mo was present during this assessment and provided Mr. El-Jammal with emotional support while corroborating many of the issues and concerns identified by Mr. El-Jammal. It was clear from this assessment that Mr. El-Jammal is in need of significant interventions at this time and would benefit from a cohesive multi-disciplinary treatment approach to foster improvements.

**CURRENT MEDICAL/REHABILITATION TEAM:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Professional Name and Specialty** | **Date of Last Appointment/ Frequency of appointments** | **Outcome of Last Appointment** | **Date of Next Appointment** |
| Apollo Physical Therapy Centres (Physiotherapy, Massage and Chiropractic Care) | 2 – 3 times per week. | Ongoing provision of care. | Ongoing |
| Dr. Robert, GP, Greenboro Family Medicine Centre | Seen his GP once since the subject accident. | Prescription for medication and for physiotherapy provided. | TBD |

**MEDICATION:**

|  |  |  |
| --- | --- | --- |
| **Medication Name** | **Dosage/Frequency** | **Purpose** |
| Pregabalin | 25 mg | Neuropathic pain and anxiety |
| Osemeprazole | 500/20 | Acid reflux |
| Duloxetine | 30 mg | Depression and anxiety |

Mr. El-Jammal reported that he has not been taking his prescribed medications as recommended by his family physician. He noted that he is afraid to make use of medication. He fears falling asleep and “never waking up”. Mr. El-Jammal noted that he will resist falling asleep, consuming large quantities of caffeine to remain alert. The only way he states he can sleep for short periods of time is while riding as a passenger in his friend’s car. He notes that his friend will take him for a drive to allow him to sleep for 15 – 20 minutes.

**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** |
| Headaches | Every day on and off throughout the day. Worse at night. Radiates from back of skull to eyes. He must close his eyes. Hypersensitive to light and noise. | 9 – 10/10 |
| Neck pain | Constant pain | 7 – 8/10 |
| Lower back | Constant pain | 10/10 |
| Upper left abdominal pain | Comes and goes | 7 – 8/10 |
| Right shoulder | Constant pain | 6 – 7/10 |
| Right leg numbness | He reports numbness in his right leg which is intermittent. | NA |
| Numbness in right arm and digits 4 5 | He reports intermittent numbness in his fourth and fifth digits of the right hand as well as in his right arm. | NA |

**Cognitive Symptoms:**

Mr. El-Jammal endorsed the following cognitive symptoms which he reports experiencing at all times since the subject motor vehicle accident:

* Short term memory problems
* Multitasking
* Problem solving problems
* Word finding difficulties, both in English and Arabic

**Emotional Symptoms:**

Mr. El-Jammal identified a number of emotional symptoms, many of which could be observed first-hand by this therapist during this assessment through his interactions with his friend Mo who was present throughout this assessment at Mr. El-Jammal’s request:

* Angry and short-fused
* Sadness at all times
* Crying “a lot”
* Frustrated with his situation and with his inability to carry anything heavy
* No sexual drive, cannot have an erection
* No restorative sleep, exhausted at all times
* Has had suicidal ideation but does not have a plan to follow-through on those dark thoughts.

**Symptom Management Strategies:**

Mr. El-Jammal identified activity avoidance as his primary symptom management strategy at this time. He has not developed any effective alternative means of managing his physical and emotional symptoms at this time.

**Typical Day Post-Accident:**

Mr. El-Jammal reported the following as a typical day for him at the time of this assessment:

* Up at variable times depending on night he had
* Brushes his teeth and drinks water
* Sits, texts his ex-wife to check-up on his children
* Goes to treatment 3 times per week
* If he has no treatment, he sits at home and ruminates all day
* Eats takeout primarily for sustenance. He has been required to borrow money from friends but his friends are no longer able to support him financially.

Mr. El-Jammal is currently in a difficult position as he is to be evicted from his apartment imminently. He has not been able to pay his rent since the accident and has had to borrow money from his friends up until recently when he was informed this could not continue. He will likely be moving in with his friend Mo until his situation can be sorted.

**OBJECTIVE INFORMATION:**

**Postural Tolerances:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Client Self-Report**  **Pre-Accident** | **Client Self-Report**  **Post-Accident** | **Therapist Observation** |
| **1. Lying** |  | Changes position throughout the night. Unable to remain in one position for any extended period. | No lying posture observed by this therapist during this assessment. |
| **2. Sitting** |  | 10 minutes then must change position. | Observed sitting for periods of 10 – 20 minutes with frequent postural changes. |
| **3. Standing** |  | 10 minutes | Short periods of static standing observed during this assessment. |
| **4. Squatting** |  | Unable | Partial squat attempted but was unable to achieve target position. |
| **5. Kneeling** |  | Unable | Not observed as Mr. El-Jammal’s clinical presentation supports his reported inability to kneel. |
| **6. Walking** |  | 5 – 10 minutes | Short distance indoor ambulation observed by this therapist. Gait was slow paced. |
| **7. Stair Climbing** |  | Able with difficulty. | One flight of 20 stairs managed by Mr. El-Jammal during this assessment. Stairs were descended in a step-stop pattern and climbed in a reciprocal stair climbing pattern with heavy support from handrail. Stairs were managed at a slow pace. |
| **8. Driving** |  | Short distances only. | Not formally assessed. |

**Functional Transfers and Mobility:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Client Self-Report**  **Pre-Accident** | **Client Self-Report**  **Post-Accident** | **Therapist Observation** |
| **1. Chair** |  | Independent from regular chair but requires assistance to rise from the sofa where he is seated lower. | Four sit-stand transfers assisted by this therapist performed by Mr. El-Jammal during this assessment. Transfers were all performed from a low-lying sofa surface. |
| **2. Bed** |  |  | No identified limitations. |
| **3. Toilet** |  |  | No identified limitations. |
| **4. Bath tub** |  | but concerned with potential falls. | Mr. El-Jammal demonstrated his ability to transfer in and out of the bathtub independently. However, as a result of his poor mobility and difficulty standing upright, he would benefit from the use grab bars, a bath seat and a telephone shower head to promote safety while bathing/showering. |
| **5. Vehicle** |  |  | Not formally assessed. |

**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 |  | | Significant cervical range of motion limitations noted in all directions. |
| Lateral flexion |  |  |
| Rotation |  |  |
| Extension |  | |
| **Shoulder** | Flexion |  |  | Bilateral shoulder range of motion restrictions noted during this assessment. |
| Extension |  |  |
| Abduction |  |  |
| Adduction |  |  |
| Internal rotation |  |  |
| External rotation |  |  |
| **Elbow** | Flexion |  |  | No identified limitations. |
| Extension |  |  |
| **Wrist** | Flexion |  |  | No identified limitations. |
| Extension |  |  |
| Supination |  |  |
| Pronation |  |  |
| **Trunk** | Forward flexion |  | | Trunk range of motion severely limited in all directions. |
| Lateral flexion |  |  |
| Rotation |  |  |
| **Hip** | Flexion |  |  | No identified limitations. |
| Extension |  |  |
| **Knee** | Flexion |  |  | No identified limitations. |
| Extension |  |  |
| **Ankle** | Dorsiflexion |  |  | No identified limitations. |
| Plantar flexion |  |  |

**Emotional Presentation:**

Mr. El-Jammal presented in a state of acute emotional distress at the time of this assessment. His emotional presentation fluctuated throughout this assessment from periods of flat affect followed by uncontrollable crying. He was observed lashing out at his friend thinking he was saying something behind his back and immediately apologizing for his outburst. Mr. El-Jammal is clearly in need of psychological care and support at this time.

**Cognitive Presentation:**

Mr. El-Jammal presented with signs of cognitive impairment apparent through his difficulty recalling words in both English and Arabic. He could not recall specific dates of events from his medical history and could not recall the names of individuals who are working with him in a treatment capacity. He was observed to have poor levels of focus and concentration and this therapist was required to intervene on several occasions to bring him back onto the topic of conversation. His cognitive difficulties are indicative of potential concussion-related impairment, psychological difficulties or likely a combination of the two factors based on his mechanism of injury which included a trauma to the head followed by a period of loss of consciousness. This will require additional medical investigation to clearly outline the cause of these issues.

**ENVIRONMENTAL ASSESSMENT:**

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE OF DWELLING** | Apartment located on the second level of a convenience store plaza. Second floor accessible via a flight of 20 stairs with a handrail on the right side while ascending. | | |
| **ROOMS** | **Qty** | **LOCATION/DESCRIPTION** | **FLOOR COVERING** |
| Bedrooms | 3 |  | Wood |
| Bathrooms | 1 | Main floor | Vinyl |
| Living Room | 1 |  | Wood |
| Family Room | 0 | NA | NA |
| Dining Room | 0 | NA | NA |
| Kitchen | 1 |  | Vinyl |
| Laundry | 1 |  | Vinyl |
| Stairs |  | Steps leading up to the second floor where his apartment is located, | Vinyl |
| Basement | No | NA | NA |
| Driveway Description | None | | |
| Yard description | None | | |

**LIVING ARRANGEMENTS/SOCIAL STATUS:**

|  |  |
| --- | --- |
| **Marital Status** | Married  Single  Common Law  Other |
| **Living Arrangement** | Lives alone. Children 11, 9 and 5 stay with him on occasion. |
| **Children** | 11, 9 and 5. His ex-wife is holds custody of the children. |

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

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

Prior to the subject motor vehicle accident, Mr. El-Jammal reported being independent in his management of all self-care activities.

At the time of this assessment, Mr. El-Jammal reported that he remains independent in his performance of core self-care functions. He does however require assistance for the following activities:

* Shaving
* Hair styling
* Toenail care
* Meal preparation
* Assisting with transfers from low-lying positions (sofa)
* Maintaining bathroom hygiene
* Managing laundry sorting
* Medication management
* Managing his mood and regulating his emotions

Please refer to the Attendant Care Needs section of this report for more information.

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

Prior to the subject motor vehicle accident, Mr. El-Jammal noted that he was solely responsible for all indoor housekeeping tasks.

At the time of this assessment, Mr. El-Jammal is unable to engage in any of the housekeeping activities he managed pre-accident. The following table reflects the estimated amount of assistance Mr. El-Jammal requires at this time to maintain his living environment:

|  |  |  |
| --- | --- | --- |
| **Task** | **Details** | **Weekly Time Allotment** |
| Meal Preparation | Mr. El-Jammal is unable to manage meal preparation at this time however time for this has been allotted within the Attendant Care section of this report.  **Total weekly time allotted for meal preparation:**  0 minutes  0 time(s) per week | 0 minutes per week |
| Cleaning Kitchen | Mr. El-Jammal requires assistance to manage kitchen cleaning as a result of his poor standing tolerance and limited tolerance to activity.  **Total weekly time allotted for kitchen cleaning:**  7 time per week  15 minutes | 105 minutes per week |
| Washing Dishes | Mr. El-Jammal is unable to tolerate the standing and reaching required to wash dishes at this time.  **Total weekly time allotted for washing dishes:**  7 time per week  15 minutes | 105 minutes per week |
| Laundry | Mr. El-Jammal is unable to manage his laundry needs at this time due to his limited tolerance to activity, his limited standing ability, his limited carrying ability.  **Total weekly time allotted for laundry:**  3 time per week  20 minutes | 60 minutes per week |
| Garbage Removal | Mr. El-Jammal is unable to manage garbage removal at this time due to his inability to carry heavier loads and his difficulty managing stairs.  **Total weekly time allotted for garbage removal:**  1 time per week  20 minutes | 20 minutes per week |
| Vacuuming | Mr. El-Jammal is unable to vacuum his home at this time due to poor tolerance to activity and pain from repetitive reaching motions.  **Total weekly time allotted for vacuuming:**  2 time per week  30 minutes | 60 minutes per week |
| Sweeping | Mr. El-Jammal has not engaged in sweeping since his accident due to his poor tolerance to activity and limited standing tolerance.  **Total weekly time allotted for sweeping:**  7 time per week  5 minutes | 35 minutes per week |
| Mopping | Mr. El-Jammal has not been able to mop his apartment since the accident. He cannot tolerate this activity.  **Total weekly time allotted for mopping:**  1 time per week  30 minutes | 30 minutes per week |
| Dusting | Mr. El-Jammal has not dusted his apartment since the accident. He is unable to tolerate this activity due to his limited standing tolerances.  **Total weekly time allotted for dusting:**  1 time per week  30 minutes | 30 minutes per week |
| Cleaning Washroom | Mr. El-Jammal has not been able to clean his bathroom since the accident.  **Total weekly time allotted for cleaning windows:**  1 time per week  30 minutes | 30 minutes per week |
| **Total Assistance Required** | | 7.92 hours per week |

**Pre and Post Accident Caregiving Activities:**

Mr. El-Jammal is not the primary caregiver to his three children, ages 11, 9 and 5 years of age. He does have them with him on occasion but they do not stay overnight due to his significant limitations. He noted that he does his best to hide his struggles from them but this is difficult to do given the extent of his limitations.

**Pre and Post Accident Vocational Activities:**

Prior to the subject motor vehicle accident, Mr. El-Jammal worked as a full-time pizza cook and pizza restaurant manager with Palermo Pizza located at 25 Tapiola Crescent in Ottawa. He noted that he worked 40 hours per week plus an additional 30 – 35 hours per week paid cash for overtime worked. He has not been able to work since his accident.

As a result of his interrupted workplace activities, Mr. El-Jammal has been unable to meet his financial obligations and has remained in his apartment largely as a result of loans made to him by friends. His friends have recently informed Mr. El-Jammal that they are no longer able to continue supporting him financially and he will, as a result, be evicted from his apartment imminently. He plans on moving in with his friend Mo who will provide lodging for him until he is able to recovery and return to his pre-accident workplace activities.

**Pre and Post Accident Leisure Activities:**

Prior to his accident, Mr. El-Jammal reported that he enjoyed a number of leisure activities which included:

* Playing soccer
* Swimming
* Running
* Going out to clubs with his friends

Mr. El-Jammal noted that he has been unable to engage in any of the above-noted activities since his accident. He noted that his inability to partake in his leisure activities has compounded his mental health struggles. He now has no meaningful activity in which to engage and would require professional support to assist him in this regard.

**ASSESSMENT OF ATTENDANT CARE NEEDS:**

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

Dress/Undress:

Mr. El-Jammal is independent with dressing and undressing activities. He did note significant difficulty donning socks but can manage. He wears loose slip-on footwear to limit the amount of reaching he must do.

Prosthetics/Orthotics:

Mr. El-Jammal does wear any orthotics or prosthetics.

Grooming:

Mr. El-Jammal requires assistance with the management of his shaving and toenail care.

Feeding:

Mr. El-Jammal requires assistance to manage meal preparation. He has been unable to cook for himself since the accident and largely depends on take-out food obtained from the pizza restaurant located in the plaza where he resides.

Mobility:

Mr. El-Jammal requires assistance with sit-stand transfers from the sofa chair which he usually makes use of in his home.

Extra Laundering:

Mr. El-Jammal does not present with any Extra Laundering needs at this time. He does not report any increased incidence of spillage and no history of incontinence.

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

Hygiene:

Mr. El-Jammal requires assistance to manage the bathroom environment following his morning routine and assistance with managing his laundry sorting.

Co-ordination of Attendant Care:

There are no Attendant Care co-ordination requirements at this time.

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

Genitourinary Tracts:

Mr. El-Jammal is independent in the management of his urinary needs.

Bowel Care:

Mr. El-Jammal is independent in the management of his bowel care.

Tracheostomy Care:

Not applicable.

Ventilator Care:

Not applicable.

Exercise:

Mr. El-Jammal does not currently perform any home exercises.

Skin Care:

Mr. El-Jammal is independent with all of his skin care needs.

Medication:

Mr. El-Jammal requires regular monitoring to ensure her medications are taken on a regular basis and that he has no adverse effects.

Bathing:

Mr. El-Jammal is independent with his bathing needs.

Other Therapy:

Not applicable.

Maintenance of Supplies and Equipment:

Mr. El-Jammal does not make use of any assistive devices or medical equipment which requires regular maintenance.

Skilled Supervisory Care:

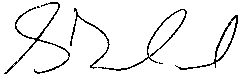
Mr. El-Jammal experiences intermittent increases in his level of emotional distress which necessitate Attendant Care to reduce risk of escalation.

Please refer to the enclosed Assessment of Attendant Care Needs Form (Form 1) for more information.

**CONTACT:**

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

Sincerely,



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

Sebastien Ferland OT Reg.(Ont)

Enclosed: Form 1

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***.***