**OCCUPATIONAL THERAPY**

**IN-HOME ASSESSMENT**

| **Client Name:** Mr. Ali Al Naqeeb **Date of Loss:** 2013-08-27  **Address:** 34 Kinetic Way, Ottawa ON  K2J 0A1  **Telephone #:** 819-918-8892 |
| --- |
| **Lawyer:** Frank McNally **Firm:** McNally Gervan **Adjuster:** Shannon Patterson **Insurer:** Security National **Claim No.:** 105304327-3 |
| **Therapist:** Sebastien Ferland OT Reg.(Ont.) **Date of Assessment:** 2021-11-23 **Date of Report:** 2021-11-24 |

**THERAPIST QUALIFICATIONS:**

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

Term Disability sector.

Mr. Ferland 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, Mr. Ferland 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

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acumen has led him to be qualified as an Expert in his field by the Ontario Superior Court of Justice.

**PURPOSE OF REFERRAL:**

This therapist received a request from the offices of McNally Gervan law firm to complete an updated In-Home Assessment to assist in the completion of a Life Care Plan by Ms. Kathy Nezan of Modern OT. This assessment was completed on November 23, 2021 in Mr. Al Naqeeb’s home, following his completion of a workday.

**SUMMARY OF FINDINGS:**

Mr. Al Naqeeb is a 35-year-old man who was involved in a significant motor vehicle accident on August 27, 2013 when his vehicle was rear-ended at a high rate of speed. As a result of this accident, Mr. Al Naqeeb sustained a number of physical injuries and went on to develop a complex psychiatric presentation coupled with persistent cognitive impairments associated with a traumatic brain injury.

At the time of this assessment, Mr. Al Naqeeb indicated that he continues to struggle with most aspects of daily function. He remains vocationally engaged, against medical advice, working as a National Property Manager with Natural Resources Canada, administering $750 million dollars of government property. By all accounts, Mr. Al Naqeeb appears at this time to not be performing his duties effectively and struggling to get through a workday. He is currently working from home and has been found to be a deshevelled state on the day of this assessment. He noted that he rarely showers (often only every 10 to 14 days), brushes his teeth once every two weeks and will wear the same clothes and socks for 4 – 5 days. He notes that his mental health has been poor and that his contribution to the operation of his home is minimal. This has led to significant struggles in his marriage leading to a separation in or around 2019. Mr. Al Naqeeb is currently back in the family home noting that he and his wife are attempting to reconcile their marriage. He has noted that his wife is exasperated with his inability to contribute to maintaining the home and looking after their two children. Mr. Al Naqeeb spends most of his time in the home loft sitting at his computer desk or napping on the adjacent sofa.

Mr. Al Naqeeb has been resistant to input from medical and para-medical providers, opting to ignore the severity of his limitations and instead “pushing through” and continuing to work as best he can. He noted that in his culture, men are expected to “get it done” despite how they are feeling. He highlighted the primary function of a man to be the provider to his wife and children, and this comes above all else.

At work, he notes significant difficulties with communicating effectively with co-workers. He requires significant amounts of preparation time before presentations. He noted that he has been found to make numerous mistakes in his work and having to work extra hours to keep up with the demands of his job. He noted a pattern of seeking “easier” jobs in an effort to remain gainfully employed and despite this, is struggling to get through a workday. In this therapist’s professional opinion, the current situation is unsustainable, and it is most likely that Mr. Al Naqeeb will at some point require a medical leave of indeterminate duration.

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**RECOMMENDATIONS:**

**Attendant Care:**

Mr. Al Naqeeb is found to be deteriorating in contrast with the assessment completed by this therapist in 2014. He is simply not completing core self-care functions and not looking after himself effectively. Mr. Al Naqeeb would benefit from Attendant Care for cueing to support his completion of self-care tasks such as showering, grooming, and wearing clean clothes. A Form 1 has been completed to reflect his current needs and he is found to require 8.35 hours per week of Attendant Care for a total of $550.30 per month of assessed Attendant Care Benefit.

**Housekeeping:**

Mr. Al Naqeeb is currently not performing any of his pre-accident housekeeping and home maintenance responsibilities. His wife has and continues to look after the upkeep of the home as well as providing care for their two young children. His wife is currently deploying an additional, estimated 10.83 hours per week of housework to account for Mr. Al Naqeeb’s share of responsibilities.

**Assistive Devices:**

There are no assistive devices currently indicated to foster improvements in Mr. Al Naqeeb’s daily function.

**Further Occupational Therapy Interventions:**

Mr. Al Naqeeb would benefit from resumption of Occupational Therapy treatment to assist him in improving the quality of his self-care and foster engagement in meaningful activity. His deteriorating mental health is of great concern and the lack of professional support is a significant issue at this time. An initial course of 12 bi-weekly treatment sessions is proposed with the anticipation that long-term treatment may be required pending a demonstrated level of engagement on his behalf.

**Referral for Other Services:**

Mr. Al Naqeeb would benefit from the introduction of the following treatments to support him in this difficult time:

• Psychology; he would benefit from engagement in regular counselling sessions with a clinical psychologist to assist in reframing unhealthy and ditorted thinking and to develop healthier coping strategies to manage his symptoms.

• Speech Language Pathology; given the presence of a traumatic brain injury and reports of difficulties in communication and word finding, the introduction of SLP is found to be crucial at this time.

• Physical Therapy; given his ongoing reports of physical pain, Mr. Al Naqeeb would benefit from engagement in physical therapy (such as physiotherapy, chiropractic care,

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massage therapy) in order to better manage his physical pain and increase his level of physical activity.

• Kinesiology; given his lack of physical activity and his high levels of anxiety, the introduction of a prescribed exercise regimen overseen by a kinesiologist would be greatly beneficial. He would benefit from engagement in two, one-hour sessions of exercise per week to support his physical and emotional recovery.

**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 Mr. Frank McNally of McNally Gervan Law Firm. • The purpose of this assessment is to assess Mr. Al Naqeeb’s current functional status as it relates to the ability to complete the 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:

o Occupational Therapy Treatment

o Assistive Devices

o Referral to other practitioners

o 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. Al Naqeeb may choose to participate or decline any or all of the proposed assessment. • A report documenting this assessment will be completed and copies will be provided to the following parties via secure transmission (fax or encrypted email attachment): - Frank McNally, McNally Gervan Law Firm

- Kathy Nezan, Certified Life Care Planner, Modern OT

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

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**DOCUMENTATION REVIEWED:**

The following documentation was reviewed by this therapist prior to completing this assessment and referenced in drafting this report:

1. Plaintiff Medical Experts

A. Dr. Kurzman

(1) Neuropsychological Re-Assessment completed by Dr. David Kurzman dated October 22, 2021

B. Dr. Suddaby

(1) Psychiatric Evaluation completed by Dr. Ken Suddaby dated October 15, 2021

C. Dr. Kevin Smith

(1) Report from Dr. Smith dated August 17, 2021 (with CV and Form 53)

2. Prescription History

A. Fax from Walmart Pharmacy dated August 2, 2021 re No records on file B. Fax from AIM Trainyards Pharmacy dated July 5, 2021 re Not a Patient C. Fax from Walmart Pharmacy (Trainyards) dated July 14, 2021 re Not a Patient

3. Family Doctor

A. Dr. Effendi

(1) Clinical notes and records received January 28, 2020

(2) Clinical notes and records received February 22, 2021

(3) Clinical notes and records received March 18, 2021

4. Hospital Records

A. Queensway Carleton

(1) Clinical notes and records received March 19, 2020

B. The Ottawa Hospital

(1) Clinical notes and records received June 18, 2020

5. Treating Specialists

A. Apollo Physical Therapy

(1) Clinical notes and records received February 9, 2021

C. Dr. Chalifour (Trainyards Medical)

(1) Clinical notes and records received August 23, 2021

(2) Clinical notes and records received August 23, 2021 (English Translation)

6. Psychologist

A. Capital Region

(1) Clinical notes and records received February 9, 2021

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**PRE-ACCIDENT MEDICAL HISTORY:**

Mr. Al Naqeeb reported being in excellent physical and mental health pre-accident. He noted that he was highly successful in his professional career and thrived all around. He attended the gym regularly and reportedly led an active social life. He denied the presence of any prior injuries or medical conditions which would impact his clinical presentation or course of recovery from the injuries sustained in the subject motor vehicle accident.

**MECHANISM OF INJURY:**

On August 27, 2013, Mr. Al Naqeeb was the restrained driver on his way home from work when his vehicle was rear-ended at a high rate of speed. As a result of the impact, Mr. Al Naqeeb struck his head on the steering wheel and air bags which deployed. He experienced a brief period of loss of consciousness but was able to exit his vehicle on his own. Bystanders tended to him while awaiting paramedics. He was taken by ambulance to the Civic Campus of The Ottawa Hospital where he was assessed in the Emergency Room and subsequently released to the care of his family physician.

**NATURE OF INJURY:**

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

• Pain Disorder

• Generalized Anxiety Disorder with symptoms of panic

• Specific Phobia (vehicular, both driver and passenger)

• Post-traumatic Stress Disorder

• Adjustment Disorder

• Traumatic Brain Injury with post-concussive syndrome

• Major Depressive Disorder, Moderate – Severe with Anxious Distress with Panic Attacks

• Somatic Symptom Disorder with Predominant Pain

• WAD II

• Post-traumatic headaches with migrainous features

• Myofascial pain

• Facetogenic pain

**COURSE OF RECOVERY TO DATE:**

Mr. Al Naqeeb sought medical attention from his family physician following his release from hospital as “something was very wrong”. He noted that he was throwing up and could not return

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to work. His physician reportedly provided with a note for a medical leave of absence however Mr. Al Naqeeb returned to work against medical advice. His employer sent him home after a few days as they observed him looking unwell. He kept trying to work but could not perform. He went through a course of physiotherapy through Apollo Physical Therapy but stopped attending, seeking a clinic closer to home. His recollection of past treatment timeframes was poor. He eventually attended Balance Physiotherapy but stopped attending due to lack of funding. He underwent a course of psychological care through Capital Region Psychological Services. He also engaged with Dr. Chalifour who provided supportive counselling. He has not seen Dr. Chalifour since the onset of the pandemic in March of 2020.

**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. Affendi | Sees his GP infrequently, last meeting a few weeks prior to this assessment due to a seasonal cold. | Discussed symptoms | TBD |

Mr. Al Naqeeb is not currently being followed by any of his past treatment providers and is not engaged in any form of therapy at the present time.

**MEDICATION:**

| **Medication Name** | **Dosage/Frequency** | **Purpose** |
| --- | --- | --- |
| Pregabalin | 75 mg | Neuropathic pain |
| Pantoprazole | 40 mg | Acid reflux |
| Urocit-K | 1080 mg twice daily | Kidney stones |
| Tramadol | Unknown, twice daily | Opioid pain medication |
| Amitriptyline | Unknown | Depression and neuropathic pain |
| Zolpidem ODT | 10 mg | Insomnia |
| Cyclobenzaprine | 10 mg | Muscle relaxant |

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**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 | Will typically wake with a headache. Will take his medication and take some Tylenol to alleviate. He works in the dark due to light sensitivity. Headaches last all day. He feels always tired and has no energy to even engage with his children.  PROGRESSIVELY WORSE DURING THE DAY | 7/10 – 9/10 when  stressed with work |
| Neck, shoulders and upper back | This is a constant pain which becomes gradually worse as the day goes on. He describes a burning pain and throbbing sensation. He sometimes wakes with heightened pain and reports a constant pain between his shoulder blades. | 8/10 |
| Lower back pain | He reports a constant pain in his lower back which he feels has improved somewhat over the last few years. He noted that “I lie down a lot” to relieve this symptom. | 6/10 |
| Right wrist pain | This pain has improved and :comes and goes”. When symptoms are present, he has difficulty gripping items with his right hand. | 0 – 4/10 |

**Cognitive Symptoms:**

When his anxiety is high, he will experience word finding difficulties. He will repeat what he has said. He stutters and loses his train of thought. Instructions he provides are unclear (based on feedback from co-workers). He compensates by overpreparing and writing notes. Staying focused and on topic is difficult. Has difficulty jumpstarting his day. Can’t perform on the spot. Runs away from problems and things to be done linger. He procrastinates a lot which causes issues with his wife.

At work, he finds himself in a perpetual state of mental haziness. He has difficulty staying focussed during virtual meetings and spends a significant portion of his workday lying on the sofa, napping. The extent of his cognitive impairments is significant and having a significant impact on his ability to keep up with his work duties. He will often work additional hours in the evenings and weekends to catch up.

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**Emotional Symptoms:**

Mr. Al Naqeeb describes his mood as low, most of the time. His affect is generally flat. He has no drive to do even the most basic self-care functions such as brushing his teeth or showering. He has no motivation to accomplish anything and coasts throughout his day. His lack of engagement has had a significant impact on his relationship with his wife which he acknoleges is quite strained. He was separated from his wife for a period of time but has recently moved back into the family home in the hopes of reconciliation. Mr. Al Naqeeb denied any suicidal ideation however noted that he no longer finds any enjoyment in life. He describes himself as having a short fuse and easily be prone to anger outbursts. He reports severe anxiety which leads him to experience physical symptoms such as tightness in his chest and profuse sweating. His hands were observed to be clammy throughout this assessment.

**Symptom Management Strategies:**

Mr. Al Naqeeb has little in the way of healthy coping strategies to manage his symptoms. He continues to make use of medication as his primary strategy and avoids activities which can trigger increased symptoms. He will nap frequently and generally tends to rest when he is not working.

**Typical Day Post-Accident:**

Mr. Al Naqeeb described the following as a typical day at the time of this assessment:

• Up 7 – 9:00 am

• Takes medication

• Immediately goes to his laptop and computer to start work

• Goes from his computer to the couch all day long

• Works from morning to dinner with a short lunch break

• Will often nap during the afternoon

• Will have dinner

• Sometimes stays downstairs with kids

• Sometimes will go to his parents with the kids and nap while they watch them • Sometimes will go back to work after dinner and end at 7:30 – 8:00

• Will try and spend time with the kids and colour or watch a children’s movie until 9 pm • In bed at 1:00 – 1:30 am

• Will wake 2 – 3 times per night due to pain

• Has difficulty falling asleep

• Racing thoughts will often happen and prevent him from falling asleep • Nightmares wake him up as well

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**OBJECTIVE INFORMATION:**

**Postural Tolerances:**

| **Activity** | **Client Self-Report**  **Pre-Accident** | **Client Self-Report**  **Post-Accident** | **Therapist Observation** |
| --- | --- | --- | --- |
| **1. Lying** | No identified limitation | 4 – 5 hours of broken sleep. He wakes frequently due to pain and racing thoughts. | Period of 20 minutes of supine lying on the sofa observed by this therapist. |
| **2. Sitting** | No identified limitation | Able to tolerate extended periods of sitting however reports pain increases after 30 – 45 minutes. | Period of 45 minutes of ststained sitting with frequent postural changes observed during this assessment. |
| **3. Standing** | No identified limitation | 30 minutes then must sit. | Short periods of static and dynamic standing observed by this therapist during this assessment. |
| **4. Squatting** | No identified limitation | Unable to achieve a full squatted posture. | Partial (1/2) squat demonstrated by Mr. Al Naqeeb during this assessment. He experienced significant difficulty recovering to standing. |
| **5. Kneeling** | No identified limitation | Avoids this posture, “I don’t kneel”. | One bilateral kneeling posture observed by this therapist during this assessment. He experienced significant difficulty achieving this posture and required external support from an adjacent couch to recover to standing. |
| **6. Walking** | No identified limitation | 30 minutes then experiences sharp increase in neck and back pain. | Short distance indoor ambulation observed by this therapist. |

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| **7. Stair**  **Climbing** | No identified limitation | Able in a slow manner. | Two flights of stairs managed by Mr. Al Naqeeb during this assessment. Stair climbing perform using a step-stop approach with support from the handrail. |
| --- | --- | --- | --- |
| **8. Driving** | No identified limitation | Only drives locally. He finds himself to be hypervigilant when driving and he avoids this as much as he can. | Not formally assessed. |

**Functional Transfers and Mobility:**

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

**Active Range of Motion:**

| **Legend:**  WFL: Within Functional Limits  %: approximate percentage of normal range  Nominal: less than 25% range | | | | |
| --- | --- | --- | --- | --- |
| **Movement** | | **Right** | **Left** | **Comments** |
| **Neck** | Forward flexion | ¾ range | | Mild cervical range of motion restrictions noted. |
| Lateral flexion | ¾ range | ¾ range |

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|  | Rotation | ¾ range | ¾ range |  |
| --- | --- | --- | --- | --- |
| Extension | ¾ range | |
| **Shoulder** | Flexion | WFL | WFL | No identified limitations. |
| Extension | WFL | WFL |
| Abduction | WFL | WFL |
| Adduction | WFL | WFL |
| Internal rotation | WFL | 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 |

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**Emotional Presentation:**

Mr. Al Naqeeb presented with a flat affect which persisted throughout this assessment. He appeared disengaged with the assessment process and appeared quite tired and deshevelled. Mr. Al Naqeeb had not groomed or showered for over a week at the time of this assessment and his appearance reflected this report. There were no signs of emotional lability during this assessment.

**Cognitive Presentation:**

Mr. Al Naqeeb presented as a poor historian, experiencing difficulty recalling many aspects of his rehabilitation over the past few years. He was quite tangential in his thinking requiring that this therapist refocus him repeatedly throughout the assessment. He demonstrated difficulty with word finding and would often stop mid-sentence, having lost his train of thought. He left the assessment for a period of 15 minutes as he scoured the home trying to locate his medication. He was highly distractable and had difficulty remaining focused for the duration of this assessment. At one point, he simply laid down on the sofa and closed his eyes. The room where the assessment was completed was darkened with blinds. As the evening approached and the environment grew even darker, this theraipist had to prompt Mr. Al Naqeeb to turn on a light as this therapist could no longer effectively type on his computer. Mr. Al Naqeeb’s speech was found to be slow and cognitive processing was also found to be delayed. When questioned about the age of his children, Mr. Al Naqeeb paused and remembered that it was his daughter’s sixth birthday on the day of this assessment. He noted that he had forgotten.

**ENVIRONMENTAL ASSESSMENT:**

| **TYPE OF**  **DWELLING** | Single family detached | | |
| --- | --- | --- | --- |
| **ROOMS** | **Qty** | **LOCATION/DESCRIPTION** | **FLOOR COVERING** |
| Bedrooms | 4 | Second floor | Carpet |
| Bathrooms | 3.5 | Three on main floor and poder room on main | Tile |
| Living Room | 1 | Main floor | Wood |
| Family Room | 1 | Second floor | Carpet |
| Dining Room | 1 | Main floor | Wood |
| Kitchen | 1 | Main floor | Tile |
| Laundry | 1 | Second floor | Tile |
| Stairs | Yes | Steps leading to the basement and second floor of the home. | Carpet |
| Basement | Yes | Unfinished | NA |
| Driveway  Description | Double laneway | | |

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| Yard  description | Small city plot |
| --- | --- |

**LIVING ARRANGEMENTS/SOCIAL STATUS:**

| **Marital Status** | Married Single Common Law Other |
| --- | --- |
| **Living Arrangement** | With wife and two kids |
| **Children** | 18 months and 6 years |

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

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

Prior to the subject motor vehicle accident, Mr. Al Naqeeb reported being fully independent in his self-care. He took care of his appearance, noting that his suits were always pressed and his shirts dry cleaned. He had no difficulties managing all aspects of self-care.

At the time of this assessment, Mr. Al Naqeeb describes his self-care as limited. He noted that he will often not shower for up to 10 – 14 days. He brushes his teeth once every two weeks, he does not groom and presents in a disheveled manner. While he is physically able to manage self-care tasks, he requires cueing in order to complete these tasks regularly. He noted that he will often wear the same clothes, including socks and underwear for 4 – 5 days before changing into clean clothes.

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

Prior to the subject motor vehicle accident, Mr. Al Naqeeb noted that he shared all indoor housekeeping tasks with his wife and was responsible for outdoor property care.

At the time of this assessment, Mr. Al Naqeeb has completely interrupted his engagement in housekeeping functions. His wife has taken over the management of all indoor cleaning tasks while his father cuts the grass. A snow removal contract will reportedly be secured for the coming winter months.

This therapist will maintain his position from the assessment completed in December of 2014 that Mr. Al Naqeeb’s wife has incurred approximately 10.83 additional hour per week of housekeeping and related functions which Mr. Al Naqeeb no longer performs.

**Pre and Post Accident Caregiving Activities:**

Mr. Al Naqeeb noted that he does not perform any caregiving functions for his two children. He noted that his wife “does it all”. His involvement is limited to superfiMr. Al Naqeeb noted ial interactions with his

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children in the form of play or television watching for short periods of time in the evenings. He is otherwise, for all intents and purposes, completely detached from his children.

**Pre and Post Accident Vocational Activities:**

Prior to the subject motor vehicle accident, Mr. Al Naqeeb was working on a full-time basis for CLV Group as a financial analyst. He reported being an excellent employee with positive feedback provided regularly about the quality of his work. He seldom took time off and prided himself in being a high achiever in this capacity.

Following the subject motor vehicle accident, Mr. Al Naqeeb noted that he took a few days off and returned to work. His employer encouraged him to take some additional time off as “I didn’t look well”. He took some additional time off and attempted to return to work as soon as he could. He noted that when he returned, he was unable to work effectively. He made multiple mistakes and was trying to hide his symptoms from his employer. Due to ongoing difficulties and fear of losing his position, he sought alternate employment.

He began work with Canada Post in 2014/2015 as a financial analyst, which he believed to be an easier job to manage than the one prior. He remained in this position until being forced into a medical leave in 2018/2019. He remained off work and grew increasingly frustrated with his inability to return to his job at Canada Post. He notes, “I don’t think they really wanted me back”.

In August of 2020, Mr. Al Naqeeb indicated that he was hired by Natural Resources Canada, indicating that “my brother applied for me, and I ended up getting the job”. He is working from home, attending virtual meetings, and completing computer-based work. He noted that he will spend his days going from his computer to the couch in his office area where he will nap throughout

the day. He reported difficulties with communicating effectively with co-workers, noting feedback from his employer to that effect. He has to overprepare for presentation, he writes everything down in order to not forget. In this therapist’s opinion, Mr. Al Naqeeb is at this time well on his way for another “burnout” and it is not believed his current employment situation will be sustainable.

**Pre and Post Accident Leisure Activities:**

Prior to the subject motor vehicle accident, Mr. Al Naqeeb noted that he did not engage in any form of leisure activity. He notes that he remains unengaged in any activity other than his work. He has no meaningful activity to occupy his time.

**ASSESSMENT OF ATTENDANT CARE NEEDS:**

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

Dress/Undress:

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Mr. Al Naqeeb is physically independent with dressing and undressing activities. However, as a result of poor mental health and lack of initiation, time for cueing has been allotted for 10 minutes daily.

**Total weekly minutes: 70 minutes**

Prosthetics/Orthotics:

Mr. Al Naqeeb does wear any orthotics or prosthetics.

Grooming:

Mr. Al Naqeeb is physically independent in his performance of all grooming tasks. He does however require cueing to foster his regular completion of grooming activities.

**Total weekly minutes: 84 minutes**

Feeding:

Mr. Al Naqeeb is independent with all aspects of feeding himself with the exception of meal preparation assistance provided by his wife. Pre-accident, Mr. Al Naqeeb completed approximately 3 weekly meals and time has been allotted to reflect this need.

**Total weekly minutes: 180 minutes**

Mobility:

Mr. Al Naqeeb is independent in all areas of mobility. He does not require any assistance for his mobility needs.

Extra Laundering:

Mr. Al Naqeeb 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. Al Naqeeb is unable to maintain his bathroom and bedroom environment nor is he able to manage his clothing. Time has been allotted on a daily basis for these tasks.

**Total weekly minutes: 98 minutes**

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Basic Supervisory Care:

Mr. Al Naqeeb does not have any basic supervisory care requirements at this time. 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. Al Naqeeb is independent in the management of his urinary needs. Bowel Care:

Mr. Al Naqeeb is independent in the management of his bowel care. Tracheostomy Care:

Not applicable.

Ventilator Care:

Not applicable.

Exercise:

Mr. Al Naqeeb is not engaged in any form of home exercises at this time. Skin Care:

Mr. Al Naqeeb is independent with all of his skin care needs.

Medication:

Mr. Al Naqeeb manages his medication independently.

Bathing:

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Mr. Al Naqeeb is independent with his bathing needs. He does require cueing to foster completion of a daily shower as he currently only showers once every 10 – 14 days. He also requires cueing to ensure he brushes his teeth twice daily.

**Total weekly minutes: 63 minutes**

Other Therapy:

Not applicable.

Maintenance of Supplies and Equipment:

Mr. Al Naqeeb does not make use of any assistive devices or medical equipment which requires regular maintenance.

Skilled Supervisory Care:

Mr. Al Naqeeb does not present with any skilled supervisory requirements at this time.

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

• Level 1 for routine personal care: 334 minutes per week • Level 2 for basic supervisory functions: 98 minutes per week • Level 3 for complex functions 63 minutes per week

Total monthly assessed attendant care benefit: $550.30 per month

**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 .

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***.***

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