ForensicaLetterheadBottomGraphic**OCCUPATIONAL THERAPY**

**IN-HOME ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name:** | Mary Balduzzi | **Date of Loss:** | 2017-02-14 |
| **Address:** | 2373 Ridgecrest Place, Ottawa ON K1H 7V4 |  |  |
| **Telephone #:** | 613-730-5602 |  |  |
| **Lawyer:** | Paul Auerbach | **Firm:** | McNally Gervan |
| **Adjuster:** | Savitiri Persaud | **Insurer:** | Travelers Insurance |
|  |  | **Claim No.:** | APP2699699 |
| **Therapist:** | Sebastien Ferland OT Reg.(Ont.) | **Dates of Assessment:** | 2019-02-20  2019-04-02 |
|  |  | **Date of Report:** | 2019-04-24 |

**THERAPIST QUALIFICATIONS:**

Sebastien is an Occupational Therapist with over 17 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 Ms. Balduzzi’s ability to manage those functional activities Ms. Balduzzi was responsible for prior to the motor vehicle accident of 2017-02-14.

**SUMMARY OF FINDINGS:**

Ms. Balduzzi is an 85-year-old woman who was involved in a car vs. pedestrian collision while she was walking from her car to a Tim Horton’s restaurant on February 14, 2017. As a result of the subject motor vehicle accident, Ms. Balduzzi sustained the following injuries:

* Fractured left ankle (ORIF, 13 screws and a plate)
* Laceration below the left knee
* Subsequent MRSA infection in the leg

Following her accident, Ms. Balduzzi was hospitalized for a period of over 5 months, finally being discharged home from Elizabeth Bruyère hospital on July 20, 2017. She underwent a course of physiotherapy and obtained some support from an occupational therapist. Overall, her medical condition has been monitored by her family physician with limited additional resources.

Ms. Balduzzi’s past medical history is positive for the following conditions:

* Complete reversed shoulder replacement in 2010, left-sided, as a result of a slip and fall where she shattered her shoulder.
* Hypothyroidism
* Sleep apnea
* Thallasemia trait
* Osteoporosis

As a result of her shoulder-related impairments, Ms. Balduzzi reported that she obtained assistance with showering and hair care once weekly from a Personal Support Worker provided through the CCAC. She noted that she was required to increase the frequency of her PSW support to twice weekly post-accident.

From a symptom perspective, Ms. Balduzzi is reporting ongoing pain in her left lower leg and lower back. These symptoms coupled with the significant degree of deconditioning which has taken place have resulted in a complete interruption in her ability to engage in her daily activities.

Ms. Balduzzi proudly expressed how well she functioned pre-accident and her daughter Linda echoed this sentiment. Ms. Balduzzi noted that she only relied on assistance once per week from a PSW pre-accident due to limitations to her left. Ms. Balduzzi explained that she was able to manage all of self-care functions independently with the exception of bathing and shampooing her hair. She reported that she was “out and about all of the time”. She rarely ate at home, choosing to eat-out many meals which afforded a degree of distraction and quality of life. She drove herself from one community location to another throughout the day and was self-reliant in all of her self-care needs.

At the time of this assessment, Ms. Balduzzi explained that she has been “a prisoner in my home” for over two years. Her significant mobility restrictions resulting from her accident-related injuries has had a profound impact on her ability to care for herself leading to a sharp deterioration in her quality of life. Ms. Balduzzi’s mobility has been affected to such a degree that she cannot (safely or without assistance) manage the front steps leading out of her home. She has now wears nightgowns at all times of the day eliminating the need to change her clothes regularly and she requires assistance to don outdoor footwear. She noted that she was required to purchase new wardrobe items to replace the ones she cannot don or doff independently. She no longer leaves her home to access restaurants to eat her meals and as a result, relies on frozen dinners or dinners cooked by her daughter Linda to meet her dietary needs. She will at times supplement these meals with some steamed vegetables but is unable to cook a meal from scratch independently.

As a result of her 2010 shoulder injury and subsequent surgery, Ms. Balduzzi relied on some assistance for the heavier and more physical aspects of maintaining her home. She reported that her neighbour would assist with cutting her lawn while she hired a snow removal contractor in the winter to maintain her driveway and provide access to her car garage. She reported that her daughter assisted her with heavier indoor housekeeping tasks such as vacuuming and mopping while her PSW cleaned the bathtub weekly. Ms. Balduzzi remained independent with the management of sweeping, laundry, garbage removal and dusting. At this time, Ms. Balduzzi has completely interrupted her involvement in any form of housekeeping or home maintenance activities.

Prior to the subject motor vehicle accident, Ms. Balduzzi noted that she was highly active in the community and engaged in the following leisure activities:

* Attended church weekly
* Went to the Casino
* Dined out 4 – 5x per week
* Went shopping at local malls/stores
* Attended family gatherings
* Spent time with her grandchildren
* Travelled abroad (went to Hong Kong and Hawaii)

At this juncture, Ms. Balduzzi has completely interrupted her pre-accident pace of life. She no longer goes to church and no longer attends the Casino. She will go out for dinner only when family members invite her out and she no longer enjoys shopping. She reports limited time spent with her grandchildren largely as a result of her limited ability to get out of her home. She has not travelled since the accident.

Since the last Assessment of Attendant Care Needs performed on July 20, 2018, there has been no substantive change in the level of care required by Ms. Balduzzi with the exception of an assessed need for 24-hour care as opposed to 8-hour care previously assessed due to her inability to exit her home in case of an emergency at all times. In this therapist’s opinion, Ms. Balduzzi’s level of deconditioning due to her limited activity levels has resulted in a deterioration of her mobility. She is not, in this therapist’s opinion, able to exit her home in case of an emergency at any time of day. While previously found to be self-sufficient during waking hours, this therapist believes that she is now completely dependent on care to safely exit her home in case of an emergency such as a fire. All other aspects of care remain the same.

**RECOMMENDATIONS:**

**Attendant Care:**

Ms. Balduzzi is found to have deteriorated with respect to her ability to be self-sufficient in case of an emergency. She is thus found to require 24-hour care on this basis resulting in a significant increase in her Attendant Care Needs monthly assessed benefit. She currently is assessed as requiring 24-hour care translating to a monthly benefit of $10193.63.

**Housekeeping:**

Ms. Balduzzi currently requires approximately 2 hours per week of housekeeping assistance to help manage those housekeeping and home maintenance tasks she was responsible for prior to her accident.

**Assistive Devices:**

Ms. Balduzzi’s needs for assistive devices to further her functional recovery will be addressed through the delivery of Occupational Therapy treatment proposed below. There were no devices currently indicated on an urgent basis to mitigate and risks to her safety.

**Further Occupational Therapy Interventions:**

Ms. Balduzzi would benefit from the provision of Occupational Therapy treatment to address her home safety issues and specifically her accessibility to and from her home. She is currently unable to safely manage the front stairs of her home and this has resulted in her remaining in her home for the larger part of the last 2 years. Further interventions focussed on improving her quality of life will be address as appropriate.

**Referral for Other Services:**

Ms. Balduzzi would benefit from the involvement of a contractor to assist with developing a solution to her home entry and egress issues. A referral will be forwarded to Mr. Scott Puddicombe of Puddicombe Home Access to initiate work on this front.

Ms. Balduzzi would benefit from a resumption of Physiotherapy treatments and to that end, a referral has been forwarded to her physiotherapist Trina Ferrer who now works through the offices of Swanson & Associates.

**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 her legal representative, Mr. Paul Auerbach.
* The purpose of this assessment is to assess Ms. Balduzzi’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:
  + 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.
* Ms. Balduzzi 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):

McNally Gervan c/o Paul Auerbach

Travelers Insurance

Following this therapist’s explanation Ms. Balduzzigranted informed consent for this therapist to proceed with the assessment and any subsequent interventions.

**DOCUMENTATION REVIEWED:**

A complete list of documentation reviewed is available upon request.

**PRE-ACCIDENT MEDICAL HISTORY:**

Ms Balduzzi is an 85 year-old female who resides alone ina single family home in Ottawa, Ontario. She provided the following pre-existing medical history:

* Complete reversed shoulder replacement in 2010, left-sided, as a result of a slip and fall where she shattered her shoulder.
* Hypothyroidism
* Sleep apnea
* Thallasemia trait
* Osteoporosis

As a result of her shoulde-related impairments, Ms. Balduzzi reported that she obtained assistance with showering and hair care once weekly from a Personal Support Worker provided through the CCAC. She noted that she was required to increase the frequency of her PSW support to twice weekly post-accident.

**MECHANISM OF INJURY:**

Ms. Balduzzi repored that she drove her vehicle to a local Tim Horton’s to purchase a Valentine’s Day donut on the date of loss. She parked her vehicle and began walking to the coffee shop when a vehicle travelling through the parkin lot struck her on the left side of her body, throwing her to the ground. She indicated that her left leg slid under the vehicle but that the vehicle never drove over her lefg. Paramedics attended the scene of the accident and took Ms. Balduzzi to the Ottawa Hospital – Civic Campus trauma unit where she was assessed and hospitalized for 3 weeks before being transferred to other facilities.

**NATURE OF INJURY:**

As a result of the subject motor vehicle accident, Ms. Balduzzi sustained the following injuries:

* Fractured left ankle (ORIF, 13 screws and a plate)
* Laceration below the left knee
* Subsequent MRSA infection in the leg

On March 7, 2017, Ms. Balduzzi reported that she was transferred to the Perly Hospital and was subsequently transferred to the Elizabeth Brueyere Hospital where she convalesced and underwent rehabilitation until July 20, 2017 when she was discharged home.

**COURSE OF RECOVERY TO DATE:**

* Ms. Balduzzi reportred that following discharge, she was provided with Occupational Therapy treatments through FunctionAbility, a private provider of OT services funded through her auto insurer.
* She reported undergoing physiotherapy treatments through Apollo Physical Therapy Centres but noted that she has not received treatment since October or November of 2018.
* She benefitted from nursing care through the CCAC to dress the wound on her left leg.

**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. Tettrault, GP | November 2018 | Prescription renewal | TBD, as needed |

Ms. Balduzzi has requested a change of Occupational Therapy provider leading to this current assessment. This therapist will be managing Ms. Balduzzi’s Occupational Therapy needs moving forward.

Ms. Balduzzi requires ongoing access to Physiotherapy and as such, a referral has been forwarded to her Physiotherapist Ms. Trina Ferrer who is now working through Swanson & Associates where her care will continue to be provided.

**MEDICATION:**

|  |  |  |
| --- | --- | --- |
| **Medication Name** | **Dosage/Frequency** | **Purpose** |
| Synthroid | 0.125 mg/day | Hypothyroidism |

**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** |
| Left lower leg | Burning pain in the left lower-leg.  Feels like the inside of her leg is “frozen”, decreased sensation  Intermittent sharp pain | 2 – 5/10 |
| Back pain | Lower back pain which does not radiate to her buttocks or lower extremities. | 6/10 |
| Right knee | Has to be careful how she positions the left knee as she feels it can flare. Stiffness ans some degree of pain. | NA |

Ms. Balduzzi reported a fall from a chair in November of 2017 while engaged in home-based physio exercises. She struck her head and reports ongoing headaches which she was not prone to pre-accident. She reports some ongoing pressure in the right side of her skull. She reports memory issues on occasion.

**Cognitive Symptoms:**

When questioned about changes to her cognitive status, Ms. Balduzzi noted that she does continue to experience some memory issues and word finding issues which were not present pre-accident. She is unsure if this is related to the subject accident or to the fall experienced during physiotherapy treatments detailed above.

**Emotional Symptoms:**

When questioned about her emotional state, Ms. Balduzzi provided the following account of her status:

* Depressed from lack of independence, wants to drive desperately
* Feels like she is living in a prison, stuck in the home for over 2 years
* Used to do all her own housework, now relies on assistance from her daughter Linda to manage her household.

Ms. Balduzzi’s primary area of frustration was reported to be related to the lack of accessibility in her home which has yet to be addressed to her satisfaction. She noted that some work was done to improve the front door accessibility to her home (paving stones levelled; small gravel “ramp” built) however these changes have done little to allow her to be more independent. She is seeking assistance to have the front entrance accessibility issues of her home addressed to allow her to independently leave her home and begin work on resuming driving and community outings.

**Symptom Management Strategies:**

Ms. Balduzzi noted that she has little in the way of symptom management strategies other than resting and activity avoidance. Unfortunately, this has resulted in a significant level of deconditioning for this client and will lead to further rehabilitative requirements in her functional recovery.

**Typical Day Post-Accident:**

Up at 8 am

Takes medication

Read newspaper, has coffee, has toast

Does exercises

Will make a sandwish, elevates her leg for an hour

Will wash some dishes

Makes some phone calls

Will wash some more dishes

Elevates her leg again

Will prepare dinner (steam a vegetable and cooks frozen meals, Red Apron meals, her daughter Linda also prepares a meal 1 – 2x/week)

Will watch News, Coronation Street, sometimes a movie

Will spend time on the computer

Will lie down around 9pm but does not fall asleep right away

**OBJECTIVE INFORMATION:**

**Postural Tolerances:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Client Self-Report**  **Pre-Accident** | **Client Self-Report**  **Post-Accident** | **Therapist Observation** |
| **1. Lying** |  | Able to lie through the night. | No lying posture observed by this therapist during this assessment. |
| **2. Sitting** |  | Able to sit for over 2 hours. | Periods of 1 – 1.5 hours of continuous sitting at a kitchen table observed by this therapist during this assessment. |
| **3. Standing** |  | Short periods of time only | Short periods of static and dynamic standing observed during this assessment. Ms. Balduzzi made use of walls and furniture to stabilize herself in standing. |
| **4. Squatting** |  | Unable | Ms. Balduzzi is unable to achieve this position. |
| **5. Kneeling** |  | Unable | Ms. Balduzzi is unable to assume this position. |
| **6. Walking** |  | Short distances only | Ms. Balduzzi demonstrated her ability to walk very short distances within her home environment. She is not found able to exit her home safely in case of an emergency. |
| **7. Stair Climbing** |  | Able to manage a few steps with support from handrail. | Not stair climbing observed during this assessment as this therapist did not feel Ms. Balduzzi would be safe doing so given her significant mobility limitations observed during this assessment. |
| **8. Driving** |  | Not attempted since accident. Still has driver’s license. | Not formally assessed. Ms. Balduzzi highlighted return to driving as one of her primary goals at this time which will be explored during the delivery of OT care. |

**Functional Transfers and Mobility:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Client Self-Report**  **Pre-Accident** | **Client Self-Report**  **Post-Accident** | **Therapist Observation** |
| **1. Chair** |  |  | No identified limitations. |
| **2. Bed** |  |  | No identified limitations. |
| **3. Toilet** |  |  | No identified limitations. |
| **4. Bath tub** |  | Dependent on assistance to enter bathtub. Will not shower without presence of a PSW. | Ms. Balduzzi is found unable to manage bathtub transfers independently. |
| **5. Vehicle** |  | Assistance required for low vehicles. | 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 |  | | No identified limitations. |
| Lateral flexion |  |  |
| Rotation |  |  |
| Extension |  | |
| **Shoulder** | Flexion |  | ½ range | Left shoulder range of motion significantly limited in all directions. |
| Extension |  | ½ range |
| Abduction |  | ½ range |
| Adduction |  | ½ range |
| Internal rotation |  | ½ range |
| External rotation |  | ½ range |
| **Elbow** | Flexion |  |  | No identified limitations. |
| Extension |  |  |
| **Wrist** | Flexion |  |  | No identified limitations. |
| Extension |  |  |
| Supination |  |  |
| Pronation |  |  |
| **Trunk** | Forward flexion |  | | No identified limitations. |
| Lateral flexion |  |  |
| Rotation |  |  |
| **Hip** | Flexion |  |  | No identified limitations. |
| Extension |  |  |
| **Knee** | Flexion |  |  | No identified limitations. |
| Extension |  |  |
| **Ankle** | Dorsiflexion |  |  | No identified limitations. |
| Plantar flexion |  |  |

**Emotional Presentation:**

Ms. Balduzzi was found to be a strong-willed individual who engaged in various conflictual exchanges with her daughter Linda throughout this assessment. Ms. Balduzzi expressed a great degree of anger and frustration at her situation and this frustration permeated much of the dialogue held over this 2-session assessment. Ms. Balduzzi’s frustration with various individuals who attempted to support her in the past was freely expressed on several occasions. Ms. Balduzzi required a certain degree of refocusing throughout this assessment to move the conversation along. Her daughter Linda was observed intervening on several occasions to support her mother and assist her in “moving on” with the current assessment. There were no signs of emotional lability nted during this assessment.

**Cognitive Presentation:**

Ms. Balduzzi’s cognitive presentation was unremarkable during this assessment. She was alert to all spheres and engaged this therapist in discussion without difficulty. She was able to remember names and dates relating to past events and expressed her needs in a very clear albeit tangential manner. Her daughter Linda confirmed that her mother’s cognitive state has not been an area of significant concern.

**ENVIRONMENTAL ASSESSMENT:**

|  |  |  |  |
| --- | --- | --- | --- |
| **TYPE OF DWELLING** |  | | |
| **ROOMS** | **Qty** | **LOCATION/DESCRIPTION** | **FLOOR COVERING** |
| Bedrooms | 3 |  |  |
| Bathrooms | 1 | Main floor | Linolium |
| Living Room | 1 |  |  |
| Family Room | 1 |  |  |
| Dining Room | 1 |  |  |
| Kitchen | 1 |  | Linolium |
| Laundry | 1 | Basement |  |
| Stairs |  | Steps leading to the basement of the home. |  |
| Basement |  |  | NA |
| Driveway Description | Long multi0car laneway leading to exterior garage structure separate from the home where Ms. Balduzzi parks her vehicle. | | |
| Yard description | Large city lot | | |

**LIVING ARRANGEMENTS/SOCIAL STATUS:**

|  |  |
| --- | --- |
| **Marital Status** | Married  Single  Common Law  Other |
| **Living Arrangement** | Lives alone with 2x per week PSW support and regular support from her daughter Linda. |
| **Children** | None living in the home |

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

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

Ms. Balduzzi proudly expressed how well she functioned pre-accident and her daughter Linda echoed this sentiment. Ms. Balduzzi noted that she only relied on assistance once per week from a PSW once weekly pre-accident due to limitations to her left shoulder which he had injured pre-accident. Ms. Balduzzi explained that she was able to manage all of self-care functions independently with the exception of bathing and shampooing her hair. She reported that she was “out and about all of the time”. She rarely ate at home, choosing to eat-out many meals which afforded a degree of distraction and quality of life. She drove herself from one community location to another throughout the day and was self-reliant in all of her self-care needs.

At the time of this assessment, Ms. Balduzzi explained that she has been “a prisoner in my home” for over two years. Her significant mobility restrictions resulting from her accident-related injuries has had a profound impact on her ability to care for herself leading to a sharp deterioration in her quality of life. Ms. Balduzzi’s mobility has been affected to such a degree that she cannot (safely or without assistance) manage the front step s leading out of her home. She has now wears nightgowns at all time of the day eliminating the need to change her clothes regularly and requires assistance to don outdoor footwear. She noted that she was required to purchase new wardrobe items to replace the ones she cannot don or doff independently. She no longer leaves her home to access restaurants to eat her meals and as a result, relies on frozen dinners or dinners cooked by her daughter Linda to meet her dietary needs. She will at times supplement these meals with some steamed vegetables but is unable to cook a meal from scratch independently.

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

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

As a result of her 2010 shoulder injury and subsequent surgery, Ms. Balduzzi relied on some assistance for the heavier and more physical aspects of maintaining her home. She reported that her neighbour would assist with cutting her lawn while she hired a snow removal contractor in the winter to maintain her driveway and provide access to her car garage. She reported that her daughter assisted her with heavier indoor housekeeping tasks such as vacuuming and mopping while her PSW cleaned the bathtub weekly. Ms. Balduzzi remained independent with the management of sweeping, laundry, garbage removal and dusting.

At this time, Ms. Balduzzi has completely interrupted her involvement in any form of housekeeping or home maintenance activities. She is now in need of/receiving the following assistance:

Sweeping 35 minutes per week

Laundry 60 minutes per week

Garbage removal 15 minutes per week

Dusting 20 minutes per week

A total amount of 2 hours per week of assistance would be indicated to replace the housekeeping services Ms. Balduzzi reported performing pre-accident.

**Pre and Post Accident Leisure Activities:**

Prior to the subject motor vehicle accident, Ms. Balduzzi noted that she was highly active in the community and engaged in the following leisure activities:

* Attended church weekly
* Went to the Casino
* Dined out 4 – 5x per week
* Went shopping at local malls/stores
* Attended family gatherings
* Spent time with her grandchildren
* Travelled abroad (went to Hong Kong and Hawaii)

At this juncture, Ms. Balduzzi has completely interrupted her pre-accident pace of life. She no longer goes to church and no longer attends the Casino. She will go out for dinner only when family members invite her out and she no longer enjoys shopping. She reports limited time spent with her grandchildren largely as a result of her limited ability to get out of her home. She has not travelled since the accident. She and her daughter Linda held an exchange over family plans to take Ms. Balduzzi to Rome for a vacation in the summer of 2019 where Ms. Balduzzi became combative and indicated she did not wish to go.

**ASSESSMENT OF ATTENDANT CARE NEEDS:**

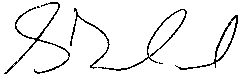
Since the last Assessment of Attendant Care Needs performed on July 20, 2018, there has been no substantive change in the level of care required by Ms. Balduzzi with the exception of an assessed need for 24-hour care as opposed to 8-hour care previously assessed due to her inability to exit her home in case of an emergency at all times. In this therapist’s opinion, Ms. Balduzzi’s level of deconditioning due to her limited activity levels has resulted in a deterioration of her mobility. She is not, in this therapist’s opinion, able to exit her home in case of an emergency at any time of day. While previously found to be self-sufficient during waking hours, this therapist believes that she is now completely dependent on care to safely exit her home in case of an emergency such as a fire. All other aspects of care remain the same. Please refer to the enclosed Form 1 for more details.

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***.***