**OCCUPATIONAL THERAPY**ForensicaLetterheadBottomGraphic

**IN-HOME ASSESSMENT**

| **Client Name:** | Alexandra Hayward | **Date of Loss:** | 2019-08-05 |
| --- | --- | --- | --- |
| **Address:** | 193 Gardiner Shore Road, Beckwith, ON K7C 0C4 |  |  |
| **Telephone #:** | NA |  |  |
| **Lawyer:** | Frank McNally | **Firm:** | McNally Gervan |
| **Adjuster:** | Janice Archer | **Referral Source:** | McNally Gervan |
| **Insurer:** | The Co-operators Insurance Company | **Claim No.:** | 001664663 |
| **Therapist:** | Sebastien Ferland OT Reg.(Ont.) | **Date of Assessment:** | 2023-11-29 |
|  |  | **Date of Report:** | 2023-11-29 |

**THERAPIST QUALIFICATIONS:**

Mr. Ferland is an Occupational Therapist with over 25 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 acumen has led him to be qualified as an Expert in his field by the Ontario Superior Court of Justice.

**PURPOSE OF REFERRAL:**

At the request of MR. Frank McNally of McNally Gervan law firm, this therapist re-engaged with Ms. Hayward and completed an in-home reassessment. An OCF18 for this assessment was submitted to the insurer for consideration in HCAI and subsequently denied. This therapist has proceeded to complete this assessment and recommendations for ongoing OT treatment with support from an RA is recommended.

**SUMMARY OF FINDINGS:**

Ms. Hayward was, prior to the subject motor vehicle accident, living with her mother, assisting with the care of her young nephew for the summer of 2019. She was in the process of interviewing for work as a receptionist at UPS to start in the Fall of 2019 when the subject motor vehicle accident occurred. Ms. Hayward presents with a history of mental health, trauma and addiction issues which were further triggered by the subject motor vehicle accident.

On August 5, 2019, Ms. Hayward reported being out with friends “hanging out”. She was the restrained passenger when the driver took a corner at a high rate of speed and rolled the vehicle multiple times over a 50 yard distance. As a result of the subject motor vehicle accident of August 5, 2019, Ms. Hayward sustained the following injuries:

* Shattered L3
* Fractured ribs, multiple
* Ruptured bowels, 3 inches of bowel surgically resected
* Right wrist bony injury
* Right ankle fracture
* Glass in her eye
* Two broken teeth
* Concussion

Upon arrival at the hospital, Ms. Hayward was assessed in the ER and then admitted for urgent bowel resection and subsequent spinal surgery, 5 days later. Ms. Hayward spent 17 days in the ICU then moved over to the trauma unit for one month before being discharged to her parents’ care. She later moved to a family cottage where she recovered and obtained OT services.

Ms. Hayward noted that she moved back in with her mother approximately 5 months ago with her boyfriend, Adam. She notes that she has not made use of any cocaine since approximately January of 2023 and is committed to her ongoing sobriety from this substance. She notes that she and her boyfriend made a conscious decision to “grow up” over the last year, referring to a decision to reduce the partying patterns and eliminate hard drug consumption. Ms. Hayward notes that she continues to struggle with her daily routine, which remains void of any meaningful activity. She does however at this time share her desire to participate in treatment, noting that “I was not ready for this last time we tried”.

From a physical perspective, Ms. Hayward currently presents with pain symptoms affecting her lower back (7/10) and right ankle (7/10 with activity). She reports ongoing bowel issues which have improved to some extent with the removal of dairy products from her diet. She has received a referral for a dietician consultation through her Nurse Practitioner and noted that she wished to explore other dietary changes which could positively impact her abdominal discomfort.

Ms. Hayward noted that she continues to struggle with depressive symptoms which have an ongoing, daily impact on her function. While she tries to stay busy throughout the day, she notes that much of her time is spent resting, watching videos or otherwise puttering in her mother’s home. While she does not engage in any formal deep cleaning of the home due to pain symptoms, she will assist through washing of dishes and managing her laundry.

Ms. Hayward is at this time not engaged in any form of therapy or pharmaceutical management of her emotional and pain symptoms. She has reportedly undergone x-rays in August of 2022 which revealed an unhealed ankle fracture, which has received no further medical attention. She indicated that she did not follow-up on recommendations to wear her inflatable walking boot and she did not pursue any follow-up care due to her state of mind at the time.

**RECOMMENDATIONS:**

**Attendant Care:**

Ms. Hayward does not present with any Attendant Care Needs at this time and a Form 1 has thus not been completed as part of this assessment.

**Further Occupational Therapy Interventions:**

Ms. Hayward would benefit from ongoing access to Occupational Therapy services. She has expressed a desire to engage in a functional reactivation program overseen by this therapist and supported by a Rehabilitation Assistant. An OCF18 will be submitted for a block of 6 OT treatment sessions to foster functional reactivation and a 12-week block of RA services to support 1- 2 weekly support sessions of 2- 3 hours each in duration.

**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 Ms. Hayward’s legal representative Mr. Frank McNally of McNally Gervan law firm.
* The purpose of this assessment is to assess Ms. Hayward’s current functional status as it relates to her ability to complete 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. Hayward 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 lawyers c/o Rebecca Duplantie
* Co-operators Insurance Company

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

**DOCUMENTATION REVIEWED:**

The following documentation was provided to this therapist for review prior to the subject motor vehicle accident:

1. Hospital Records

A. The Ottawa Hospital

(1) Clinical Notes and Records received February 18, 2020

(2) Clinical Notes and Records received March 2, 2021

B. Queensway Carleton Hospital

(1) Clinical Notes and Records received October 13, 2020

2. Family Doctor

A. Dr. Fernandez

(1) Clinical Notes and Records received September 20, 2019

B. Smith Falls Nurse Practitioner-Led Clinic

(1) Clinical Notes and Records received December 17, 2019

(2) Clinical Notes and Records received October 6, 2020

3. Occupational Therapists Reports

A. Functionability

(1) Occupational Therapy Initial Report: In-Hospital Functional Assessment with Form 1 dated September 11, 2019

(2) In-Home Attendant Care Assessment Report and Form 1 dated September 20, 2019

(3) Occupational Therapy Report: Attendant Care Re-Assessment dated November 1, 2019

(4) Letter to Co-operators dated January 13, 2020 re: will complete Form 1

(5) Occupational Therapy Report: Attendant Care Re-Assessment and Form 1 dated January 21, 2020

(6) Social Work Progress Report #1 dated January 30, 2020 and OCF-18

(7) Occupational Therapy Progress Report #1 dated April 28, 2020

and OCF-18 dated April 28, 2020

(8) Letter to Co-operators dated June 10, 2020 re: Form 1

(9) Occupational Therapy Report: Attendant Care Re-Assessment dated June 18, 2020

(10) Occupational Therapy Progress Report #2 dated October 1, 2020

(11) Occupational Therapy Progress Report dated April 30, 2021

(12) OCF-18s & Justification for in-home exercise and schooling­ progression to return to work equipment dated April 29, 2021

4. Accident Benefits-Independent Medical Examinations (IMEs)

A. IME: Orthopaedic Assessment Report completed by Dr. Ritter dated July 16, 2020

B. IME: Neurology Report completed by Dr. Mendis dated July 22, 2020

C. IME: Occupational Therapy In-Home Functional Assessment Report and Form l completed by J. MacKinnon dated January 22, 2021 re: a/c and OCF-18 for Occupational Therapy

D. IME: Psychiatry Report of Dr Aladetoyinbo dated September 23, 2021 re: Post-104 IRB & OCF18s of Functionability

E. IME: Neurology Report of Dr. Mendis dated September 23, 2021 re: Post-104 Income Replacement Benefits

F. IME: Orthopaedic Report of Dr. Simon dated September 23, 2021 re: Post-104 Income Replacement Benefits

G. IME: Functional Ability Evaluation Report of Dr. Elk dated September 23, 2021 re: Post-104 Income Replacement Benefits

H. IME: Vocational Evaluation Report and Labour Market Survey of D. Egarhos dated September 23, 2021 re: Post-104 IRB

**PRE-ACCIDENT MEDICAL HISTORY:**

Ms. Hayward noted that she was in good physical health at the time of the accident. She was an active young woman who engaged in a number of sports and outdoor recreational activities. She noted having had some bowel issues and issues with anxiety in the past for which she obtained medical care. She denied the presence of concurrent medical conditions or past injuries which could impact her clinical presentation or the course of recovery from the injuries she sustained in the subject motor vehicle accident.

From a psychological perspective, Ms. Hayward noted that she has experienced a number of losses over the last few years which have had an undeniable impact on her mental health. She noted having lost her aunt, whom she describes as her best friend in 2015. Her brother passed away in 2016 and her uncle with whom she was also close, died in 2017. While still grieving these concurrent close family losses, Ms. Hayward was involved in a serious motor vehicle accident in August of 2019. Ms. Hayward lost her father in the winter of 2022 and this loss compounded what appeared to be a precarious emotional state.

A review of the medical file confirmed reports of mental issues which predated the subject motor vehicle accident. Contact with mental health professionals are noted in 2015 where issues surrounding anxiety and substance use are highlighted. She was reportedly encouraged to participate in various anxiety and addictions groups. Notes indicate that Ms. Hayward had difficulty opening-up and talking in therapy and group attendance was discontinued. Ms. Hayward has not agreed to participate in any form of mental health treatment involving talk therapy components.

A tele-medicine clinical report from CHEO dated December 9, 2016 notes that Ms. Hayward began experiencing visual, auditory and somatic hallucinations in September of 2016 following the use of cocaine and cannabis.

**MECHANISM OF INJURY:**

On August 5, 2019, Ms. Hayward reported being out “hanging out with friends”. She was the restrained passenger when the driver “took a corner too fast” and the car reportedly flipped over a 50 yard distance, multiple times. Ms. Hayward denies any loss of consciousness. Her friend reportedly exited the vehicle first and Ms. Hayward informed him that she couldn’t move and could not feel her legs. First responders extracted Ms. Hayward with jaws of life and she was taken by ambulance to the Ottawa Hospital – Civic Campus, where she was assessed for her injuries. She was assessed in the ER and then admitted for urgent bowel resection surgery. Spinal surgery was performed 5 days later. Ms. Hayward reported that she spent 17 days in the ICU then moved over to the trauma unit for one month before being discharged to her parents’ care.

**NATURE OF INJURY:**

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

* Shattered L3 (ORIF, 4 pins and 2 rods)
* Fractured ribs, multiple
* Ruptured bowels, 3 inches of bowel surgically resected
* Right wrist bony injury
* Right ankle fracture
* Glass in her eye
* Two broken teeth

Ms. Hayward also noted being investigated for presence of post-concussive symptoms but was unable to recall the date of this examination or the specialist who assessed her.

**COURSE OF RECOVERY TO DATE:**

Ms. Hayward reported that she has not been involved in any form of treatment since the last contact with this therapist. She noted that her focus over the past year had been on “gathering myself” and getting her life back together. The move to her mom’s home with her boyfriend has served as an anchor of sorts to support her sobriety from hard drugs.

**CURRENT MEDICAL/REHABILITATION TEAM:**

| **Health Professional Name and Specialty** | **Date of Last Appointment/ Frequency of appointments** | **Outcome of Last Appointment** | **Date of Next Appointment** |
| --- | --- | --- | --- |
| Registered Nurse Practitioner - Jackie Abernathy | Last seen 1 month ago.  Dietician setup for December 4th. Physical completed. | Referred to a dietician within the office for consultation. | December 4, 2023 |

**MEDICATION:**

No medication at this time.

**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** |
| --- | --- | --- |
| Back pain | This remains a constant pain on the right side with intermittent impact to the left leg. She noted discoloration of her legs last week (they turned purple and back, blotchy), which went away after a few days. The main issue is the right-sided numbness (pins and needles, foot falls asleep, feels hot/cold). | 7/10 |
| Irritable Bowel | This is not as bad as it was since she stopped eating dairy. She had a hot chocolate on Sunday (powder in lactose-free milk) which resulted in a severe flare-up. She experiences these attacks on a monthly basis when trying foods which she is unfamiliar with. | 0 – 10/10 |
| Right ankle | Ms. Hayward indicated that there remains a fracture to her right ankle. She was told in August of 2022 to wear her inflatable boot which she did not do as she found that using the boot “throws my back out”. The pain in her ankle flares with activity. | 7/10 |
| Right wrist pain | When she twists her wrist she experiences a pinching feeling and pain. She will use the other hand (left hand non-dominant) to compensate. She noted being prone to dropping items in her grip. | 7/10 |
| Hypersensitivity to light | She experiences nausea, “thumping headaches”. The mornings are worse and she finds this will go away later in the day. After wearing her glasses all day she will experience this same pattern of symptoms upon removing her eyewear in the evening. | NA |

**Cognitive Symptoms:**

From a cognitive perspective, Ms. Hayward noted that she realizes now how she struggles with a number of cognitive functions. She explained that these issues did not appear so obvious to her however she has been finding issues with the following:

* Short-term memory is “really bad”. She does not notice it as much as her friends and family do. Noteworthy that Ms. Hayward was not prepared for this OT appointment, appearing surprised at this therapist’s arrival despite a recent scheduling activity. She notes having significant difficulty tracking appointments.
* Previously an avid reader, Ms. Hayward notes that she struggles to read for extended periods of time. She keeps her mind occupied by completing Sudoku puzzles, playing solitaire or playing games on her phone. She finds she can manage to focus on lighter activities but struggles with anything more complex (such as reading a novel).
* She notes no concerns with financial management at this time due to a lack of income and resources. “I have no finances to manage”.

**Emotional Symptoms:**

Ms. Hayward noted that overall, she feels quite depressed most of the time. She continues to struggle with the multiple losses she has experienced and noted having lost a close friend two months ago to a drug overdose. Despite this, she does report a better ability to cope with grief, especially since stopping the use of cocaine and seeing improvements in her sleep pattern. She notes that she will continue to make use of alcohol in moderate quantities on weekends (usually a few drinks on Saturday) and will consume a small amount of cannabis before bed. She notes that she has a really difficult time getting going as a result of poor motivation and a lack of meaningful activity. She noted that she would like to return to work and not being able to contribute financially has been quite difficult for her.

**Symptom Management Strategies:**

Ms. Hayward presented with no symptom management strategies at this time other than to avoid physical activity which could flare her symptoms. She is making efforts to alter her diet by removing dairy products and attempting to quell her irritable bowel issues. Other than that, she notes having no means of managing her symptoms.

**Typical Day Post-Accident:**

Since moving-in with her mother and boyfriend, Ms. Hayward noted having developed some semblance of a routine, surrounding her boyfriend’s work schedule. She reported that her days generally unfold as-follows:

* Wakes at 6am, makes Adam’s lunch
* Wakes Adam up, drives him to work, gets coffee
* Back home at 7:30am
* Help her nephew Landon (13) get out of the door (she notes behavioural challenges requiring her support to get him to school on time)
* Will help with some dishes “at times”.
* Will finish her coffee and watch a show.
* She will spend time on her phone and notes having been mindful of the amount of time she spends on her mobile device.
* She will make a list of things to do, “anything but scroll on my phone”. She will for example fold some clothes, do laundry, make a snack
* Putters throughout the day
* At 3pm she will make a warm dish for Adam as he is hungry after work
* At 4 - 4:30 she drives and picks-up Adam
* Will spend the night watching tv, “chilling with Adam”.
* Will go to bed at around 10 (sometimes sooner, sometimes later)

Ms. Haywards indicated that she recently obtained a membership at Anytime Fitness with her mom, adding that “I am just getting comfortable”, referring to her limited attendance and limited breadth of exercises she performs when there. She reported attempting to go once weekly where she will do some cycling, walk on a treadmill. She reported a hesitancy to lift weights due to her discomfort around seasoned weightlifters and feelings of inadequacy. She noted that she would like to go to a class (such as pilates) but is uncomfortable being around other people. She also shared fears that she would not be able to keep up with the class and have to explain why she is unable to do certain things.

**OBJECTIVE INFORMATION:**

**Postural Tolerances:**

| **Activity** | **Client Self-Report**  **Pre-Accident** | **Client Self-Report**  **Post-Accident** | **Therapist Observation** |
| --- | --- | --- | --- |
| **1. Lying** | No identified limitations. | No identified limitations. She has to roll over quite a few times over the night as her right hip will be painful. | No lying posture observed by this therapist during this assessment. |
| **2. Sitting** | No identified limitations. | Able to sit for several hours with pain. | 45 minutes of continuous standing observed by this therapist. No significant postural shifting noted during that time. |
| **3. Standing** | No identified limitations. | Able to stand for 30 minutes then has to take a break. | Ms. Hayward was observed engaged in periods of static and dynamic standing ranging from 5 to 15 minutes throughout these touchpoints. |
| **4. Squatting** | No identified limitations. | Able | One power squat demonstrated by Ms. Hayward. Squat was performed slowly with some external support from adjacent furniture. |
| **5. Kneeling** | No identified limitations. | Able | One bilateral kneeling posture demonstrated by Ms. Hayward during this assessment. |
| **6. Walking** | No identified limitations. | 2 hours with pain in her ankle. | Short distance indoor ambulation observed by this therapist during this assessment. Some limping noted on days where she reported increased symptoms otherwise no significant gait abnormality noted. |
| **7. Stair Climbing** | No identified limitations. | Able | One flight of stairs managed by Ms. Hayward during this assessment. |
| **8. Driving** | No identified limitations. | Able to drive 2 hours. | 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 | WFL | | No identified limitations. |
| Lateral flexion | WFL | WFL |
| Rotation | WFL | WFL |
| Extension | WFL | |
| **Shoulder** | Flexion | WFL | WFL | No identified limitations. |
| Extension | WFL | WFL |
| Abduction | WFL | WFL |
| Adduction | WFL | WFL |
| Internal rotation | WFL | WFL |
| External rotation | WFL | WFL |
| **Elbow** | Flexion | WFL | WFL | No identified limitations. |
| Extension | WFL | WFL |
| **Wrist** | Flexion | WFL | WFL | No identified limitations. |
| Extension | WFL | WFL |
| Supination | WFL | WFL |
| Pronation | WFL | WFL |
| **Trunk** | Forward flexion | WFL | | No identified limitations. |
| Lateral flexion | WFL | WFL |
| Rotation | WFL | WFL |
| **Hip** | Flexion | WFL | WFL | No identified limitations. |
| Extension | WFL | WFL |
| **Knee** | Flexion | WFL | WFL | No identified limitations. |
| Extension | WFL | WFL |
| **Ankle** | Dorsiflexion | WFL | WFL | No identified limitations. |
| Plantar flexion | WFL | WFL |

**Emotional Presentation:**

Ms. Hayward presented with a much more positive disposition at the time of this assessment in contrast with past touchpoints with her. She was found to be upbeat and shared her desire to improve her situation through engagement in treatment. She shared how she has now adjusted to her current living situation to some extent, however sharing her lack of meaningful activity and general boredom as a significant concern at this time. She tries to keep herself busy, having obtained a gym membership with her mother however not attending on a regular basis. She shared a strong desire to work and contribute to the family finances.

**Cognitive Presentation:**

Upon this therapist’s arrival for the scheduled appointment, he was met at the front door of the home by Ms. Hayward’s mother, who noted that she did not think her daughter was expecting him. She indicated that Ms. Hayward had gone back to bed (appointment was for 12 noon) to nap and called out for her. Ms. Hayward responded and met this therapist at the bottom of the basement stairs where she profusely apologized for forgetting the appointment (she believed it was for the following week). Ms. Hayward took some time to get herself ready for the assessment, and appeared somewhat disorganized in her thoughts as she was thrown-off by this therapist’s unexpected arrival. She was able to eventually gather herself and sat at the dining room table. She was found to be distractible and required refocusing on several occasions to stay on topic. As she settled into the assessment flow, Ms. Hayward was able to navigate the remainder of the session without any undue cognitive difficulties.

**ENVIRONMENTAL ASSESSMENT:**

| **TYPE OF DWELLING** | Bungalow Home | | |
| --- | --- | --- | --- |
| **ROOMS** | **Qty** | **LOCATION/DESCRIPTION** | **FLOOR COVERING** |
| Bedrooms | 4 | Three on main floor one in basement | Varied, wood, carpet |
| Bathrooms | 2 | One full bath on main and one powder room in basement | Linolium |
| Living Room | 1 | Main floor | Wood |
| Family Room | 1 | Basement game room with fireplace | Carpet |
| Dining Room | 1 | Main floor | Wood |
| Kitchen | 1 | Main floor | Linolium |
| Laundry | 1 | Basement | Concrete |
| Stairs | 1 | Steps leading to the main floor and basement of the home from entrance. | Wood |
| Basement | 1 | Finished | Carpet |
| Driveway Description | Single car driveway | | |
| Yard description | Small city plot | | |

**LIVING ARRANGEMENTS/SOCIAL STATUS:**

| **Marital Status** | Married ☐ Single ☐ Common Law ☐ Other ☒ |
| --- | --- |
| **Living Arrangement** | Living with her boyfriend Adam. her mother and her nephew Landon. |
| **Children** | None |

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

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

Prior to the subject motor vehicle accident, Ms. Hayward was independent in the management of all of her core self-care functions.

At the time of this assessment, Ms. Hayward presented with the strength, range of motion and postural tolerances to manage all of her self-care tasks safely and independently. There has been a notable degree of deterioration reported by Ms. Hayward in the frequency and quality of her self-care, noting for example that she now only showers every second day as opposed to daily. She indicated that she tends to lounge in comfortable clothing (such as pyjamas) and will get dressed only when leaving her home. She notes a generally poor diet which is under scrutiny by her Nurse Practitioner with a pending appointment with a dietician. She is attempting to lose weight and to that end has joined a local gym but has yet to introduce regular attendance into her weekly routine.

Ms. Hayward, while independent in the management of her self-care functions, would benefit from OT treatment to foster improvements in the degree and quality of her self-care activities, whilst fostering engagement in meaningful activity.

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

Prior to the subject motor vehicle accident, Ms. Hayward reported that she assisted her mother with all aspects of maintaining the family home. She notes that her mother worked late hours and her father was ill, hence she would be required to contribute significantly to the operation of the home.

At the time of this assessment, she is currently managing:

* Dishes if there are some left in the sink in the morning
* Her laundry and Adam’s laundry
* Surface cleaning bathroom after use
* Maintaining her bedroom environment

Ms. Hayward noted that she has been unable to engage in deep cleaning of her home as she did pre-accident. She relies on her mother to manage these more physically-demanding tasks.

**Pre and Post Accident Caregiving Activities:**

Prior to the subject motor vehicle accident, Ms. Hayward lived with her mother and young nephew in Carleton Place Ontario. She noted that she had left her employment in order to stay home and help provide full-time care for her nephew who had entered into their care. She would reportedly prepare breakfast and lunch on a daily basis for she and her nephew and her mother would return from her night shift at work in the late morning and go to bed. She would wake in the late-afternoon and takeover the care of Ms. Hayward’s nephew.

At the time of this assessment, Ms. Hayward noted that she remains involved in supporting her nephew through the morning routine to get him to school on time. She notes behavioural challenges with her nephew (now 13) requiring that she be involved in getting him going in the morning. Otherwise, there are no caregiving requirements at this time.

**Pre and Post Accident Vocational Activities:**

Ms. Hayward noted that she was not working at the time of the subject motor vehicle accident as she was required to stay home and assist her mother in the full-time care of her young nephew over the Summer of 2019. Prior to exiting the workforce, Ms. Hayward indicated that she worked as a receptionist for Carleton Cleaners and then as a receptionist with Kid’s World. She was reportedly in the process of interviewing for UPS as a receptionist to begin in the fall of 2019 when the subject motor vehicle accident occurred.

At the time of this assessment, Ms. Hayward noted that “I want to work really bad”. She highlighted not having any idea how to approach this situation as she fears being unable to meet job pace demands as a result of her physical and cognitive issues. This is an area of function requiring ongoing exploration as it is a primary goal for Ms. Hayward at this time.

**Pre and Post Accident Leisure Activities:**

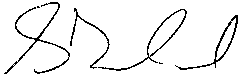
Prior to the subject motor vehicle accident, Ms. Hayward noted that she was an active young woman who enjoyed physical activity and socializing with friends. She noted that she played in a softball league which she enjoyed tremendously. She indicated that she loved the outdoors and would spend time walking or going for drives. She noted that she enjoyed crafts and recalled positive memories of drawing with her aunt, who has passed away a few years ago.

Ms. Hayward does not at this time present with any form of meaningful activity to occupy her time. She will spend her days on her phone (although she is making a concerted effort to decrease her screen time) and watching television. She will engage in puttering to keep herself busy but remains confronted with her limitations, impacting the degree to which she can readily engage in more physical tasks. She has made significant changes to her lifestyle over the oast 11 months which are commendable however have left a void of sorts which will require intervention of OT and RA to address.

**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: NA

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***.***