**OCCUPATIONAL THERAPY IN-HOME ASSESSMENT**

| **Client Name:** | Jean-Marc Ledoux | **Date of Birth:** | September 9, 1960 |
| --- | --- | --- | --- |
| **Address:** | 905 Main St E, Hawkesbury, ON K6A 1A6 | **Date of Loss:** | December 1, 2022 |
| **Telephone #:** | NA |  |  |
| **Lawyer:** | Elaine Lachaîne | **Firm:** | Burn Tucker Lachaîne |
| **Adjuster:** | Karen Jenkins | **Insurer:** | Intact Insurance |
|  |  | **Claim No.:** | 4034385449 |
| **Therapist:** | Sebastien Ferland OT Reg.(Ont.) | **Date of Assessment:** | November 2, 2023 |
|  |  | **Date of Report:** | November 3, 2023 |

**ASSESSOR QUALIFICATIONS:**

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

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

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

**PURPOSE OF REFERRAL:**

**CONSENT AND ASSESSMENT PROTOCOL:**

The claimant was informed that the assessment would entail an interview, range of motion testing, strength testing, and a demonstration of daily tasks. The claimant was advised that if at any time during the Occupational Therapy Assessment HE/SHE experienced discomfort, HE/SHE could stop to rest or discontinue the assessment. The claimant was advised regarding potential risks and discomforts, but informed that every effort would be made to minimize any risks through evaluation of preliminary information regarding the claimant’s health and fitness status, as well as through observations during testing. The claimant was encouraged to ask any questions regarding assessment procedures or results. The claimant was advised that following the assessment, a report summarizing assessment data, observations, opinions, and findings would be prepared and submitted to the referral source through HVE Healthcare Assessments. The claimant provided signed consent to participate in this assessment.

This report is based on the information collected during the claimant interview, general musculoskeletal evaluation, and observations of functional tasks as well as review of the provided medical documentation. File documentation was provided prior to the completion of this assessment report. This report may be amended, via an addendum, if additional medical information becomes available.

**DOCUMENTATION REVIEWED:**

**SUMMARY OF MEDICAL DOCUMENTS:**

INSERT TABLE FROM HVE HERE

The medical brief reviewed by this therapist was ?? pages in length and this therapist will provide a summary of select documents pertinent to this assessment:

**PRE-ACCIDENT MEDICAL HISTORY: Chronic arthritis, surgeries (knees, shoulders, hip).**

**MECHANISM OF INJURY: Car accident (client was a pedestrian).**

**NATURE OF INJURY: Broken ankle in two places, two broken ribs, injured knee, hip, and pelvis.**

**COURSE OF RECOVERY TO DATE: Approximately six surgeries (left ankle).**

The claimant's recovery course to date includes the following treatments and healthcare providers: Dr. Kennedy (orthopedic), Dr. Mellencamp (orthopedic), Dr. Thrall (two skin graphs), Dr. Laviolette (cauterized nose veins to stop nosebleeds as a result of the accident), Lucy Bedard (Nurse Practitioner), Dr. Prochino (G.P.).

Now done with Dr. Thrall as his skin grafts have taken well.

Appointment with Dr. Kennedy November 21, 2023

Dr. Mellencamp removed hardware installe by Dr. Kenndy due to non-union.

**CURRENT MEDICAL/REHABILITATION TEAM:**

Dr. Kennedy (orthopedic), Dr. Mellencamp (orthopedic), Dr. Thrall (two skin graphs), Dr. Laviolette (cauterized nose veins to stop nosebleeds as a result of the accident), Lucy Bedard (Nurse Practitioner), Dr. Prochino (G.P.).

**MEDICATION:**

| **Medication Name** | **Dosage/Frequency** | **Purpose** |
| --- | --- | --- |
| Dilaudid | 2mg, 2X/day | pain management |
| Hydromorph | 6mg, 2X/day | pain management |
| Lyrica | 50 mg, 2X/day | lessen shock impulse up the nerves |
| Apo-Aripiprazole | 6mg, 1X/day |  |
| Pms-Perindopril | 4mg, 1X/day |  |
| Jamp-Rabeprazole | 20mg, 2X/day |  |
| Apo-Quetiapine | 25mg, 1X/day |  |
| Auro-Metformin Blackberry | 500mg, 2X/day |  |
| Mylan-Divalproex | 500mg, 2X/day |  |
| Primidone | 125mg, 1X/day |  |
| Teva-Trazodone | 150mg, 1X/day | Sleep aid |
| Taro- Rosuvastatin | 20mg, 1X/day |  |
| Sandoz-Pregabalin | 50mg, 2X/day |  |
| Sandoz-Quetiapine XR | 50mg, 1X/day |  |
| Novo-Famotidine | 20mg, 2X/day |  |
| Apo-Tamsulosin CR | 0.4mg, 1X/day |  |
| Act-Venlafaxine XR | 150mg, 1X/day |  |
| Aspirin | 81mg, 1X/day |  |
| Equate Melatonin | 5mg, 1X/day | sleep aid |

**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 Ankle | Broken in two places, 6 surgeries | 8 |
| Can’t walk on his ankle (has been asked to try) | Plate and screws were removed (3 weeks after installation as it was not working. and now his ankle makes crunching noises when he attempts to walk on it. | 10 |
| Knee | Can’t straighten it even when walking. | 4 (8 when walking) |
| Hip | Frequent change of position. | 5 (7 at night) |
| Pelvis | Frequent change of position. | 7 |
| Left hand | Can’t bend wrist | 7 |
| Left leg and forearm | Experiences nerve shocks from his ankle to his knee, and from his wrist to his elbow. | 8 |

**Cognitive Symptoms: None**

**Emotional Symptoms:**

Depression (a little), anxiety (panic attacks)

Speaks with his cousin every day for a couple of hours, a lot of encouragement provided. Tried to get him of dog.

Suicidal ideation

Past suicide attempt at 16 years car in garage

Past suicide attempt tried taking his life with medication in 20s

Had assistance with mental health

Last worked in 2000, on LTD due to BiPolar Disorder Type 2

**Symptom Management Strategies:**

The claimant employs several strategies to manage HER/HIS symptoms:

* medication

**Typical Day Post-Accident:**

Sleeps in a lazyboy chair, orders food from Meals On Wheels, uses crutches to get to the bathroom during the day and uses a pail at night when its dark, no meaningful daily activities (watches TV), nurse comes once per day to change his dressing, PSW comes 3X/week to help bath, cleaning, dishes, garbage, laundry.

**OBJECTIVE INFORMATION:**

**Postural Tolerances:**

| **Activity** | **Client Self-Report**  **Pre-Accident** | **Client Self-Report**  **Post-Accident** | **Therapist Observation** |
| --- | --- | --- | --- |
| **1. Lying** | Yes | unable to, sleeps in a lazyboy |  |
| **2. Sitting** | Yes | Adjust frequently to manage hip and pelvis pain |  |
| **3. Standing** | Yes | stands on one leg (right) because his left knee won’t straighten. |  |
| **4. Squatting** | a little | No |  |
| **5. Kneeling** | Yes | No |  |
| **6. Walking** | Yes | walks a little with crutches as per doctor’s request |  |
| **7. Stair Climbing** | Yes | Can ascend/descend his two stairs with his crutches |  |
| **8. Driving** | Yes | No |  |

**Functional Transfers and Mobility:**

**Bayshore comes clean, bathing, cooking meals for him 3x 2 hours.**

| **Activity** | **Client Self-Report**  **Pre-Accident** | **Client Self-Report**  **Post-Accident** | **Therapist Observation** |
| --- | --- | --- | --- |
| **1. Chair** |  | Able with difficulty | No identified limitations. |
| **2. Bed** |  |  | Unable to sleep in his bed as he cannot keep his leg elevated. He can’t turn on his side due to hip pain. Sleeps im recliner. |
| **3. Toilet** |  |  | Requires use of toilet seat which was installed by this therapist during this assessment. |
| **4. Bath tub** |  | Assistance with devices | Has not taken a shower as he fears his foot would get infected. He now plans to shower need TTB |
| **5. Vehicle** |  |  | Not driving. |

**Active Range of Motion:**

CL’s range of motion was functionally observed to be limited for the cervical spine and shoulders. She was unable to demonstrate reaching below waist and this was not pursued in the grander context of this assessment.

| **Legend:**  WFL: Within Functional Limits  %: approximate percentage of normal range  Nominal: less than 25% range | | | | |
| --- | --- | --- | --- | --- |
| **Movement** | | **Right** | **Left** | **Comments** |
| **Neck** | Forward flexion | WFL | | Within Functional Limits |
| Lateral flexion | WFL | WFL |
| Rotation | WFL | WFL |
| Extension | WFL | |
| **Shoulder** | Flexion | WFL | WFL | Left shoulder 1/2 |
| Extension | WFL | WFL |
| Abduction | WFL | WFL |
| Adduction | WFL | WFL |
| Internal rotation | WFL | WFL |
| External rotation | WFL | WFL |
| **Elbow** | Flexion | WFL | WFL | Within Functional Limits |
| Extension | WFL | WFL |
| **Wrist** | Flexion | WFL | WFL | Within Functional Limits |
| 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 | Within Functional Limits |
| Extension | WFL | WFL |
| **Knee** | Flexion | WFL | WFL | Within Functional Limits |
| Extension | WFL | WFL |
| **Ankle** | Dorsiflexion | WFL | WFL | Within Functional Limits |
| Plantar flexion | WFL | WFL |

**Emotional Presentation:**

**Cognitive Presentation:**

**ENVIRONMENTAL ASSESSMENT:**

| **TYPE OF DWELLING** | Single family | | |
| --- | --- | --- | --- |
| **ROOMS** | **Qty** | **LOCATION/DESCRIPTION** | **FLOOR COVERING** |
| Bedrooms | 1 |  | hardwood |
| Bathrooms | 1 |  | tile |
| Living Room | 1 |  | hardwood |
| Family Room | 0 |  |  |
| Dining Room | 0 | table and chairs in the kitchen |  |
| Kitchen | 1 |  | hardwood |
| Laundry | 0 | washer and dryer in the kitchen |  |
| Stairs | 2 | front door, in poor condition (his mother recently fell and hit her head). |  |
| Basement | 0 |  |  |
| Driveway Description | No driveway. | | |
| Yard description | No yard. | | |

**LIVING ARRANGEMENTS/SOCIAL STATUS:**

| **Marital Status** | Single ☐ |
| --- | --- |
| **Living Arrangement** | **Renting** |
| **Children** | **None** |

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

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

Assist meal prep, bathing, takes taxi to Wal Mart and uses and electric cart to get around, does small pickup of orders. PDW helps with this. Pharmacy delivers.

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

Unable one arm.

**Pre and Post Accident Vocational Activities:**

**Pre and Post Accident Leisure Activities:**

Music (Keyboard)

Feeding birds and Ducks daily

Spending time with his dad

**AMA GUIDES (4th Edition) – CURRENT ASSESSED LEVEL OF FUNCTION**

CL’s subjective reports and demonstrated abilities during this assessment, information obtained from this assessor's clinical observations, results of testing, and a review of the medical information provided, support this writer’s conclusions and opinion(s) regarding CL’s current level of functioning. Catastrophic Impairment Rating, Chapter 14 of the AMA Guides specifically recommends evaluation in four areas of functioning, including activities of daily living, capacity for social interaction, concentration, pace and persistence, and adaptation to work or work-like environments. These are discussed as follows:

Activities of daily living

As per the Guides, "*Activities of daily living include such activities as self-care, personal hygiene, communication (addressed in this assessment under social functioning), ambulation, travel, sexual function, sleep, and social and recreational activities....In the context of the individual's overall situation, the quality of these activities is judged by their independence, appropriateness, effectiveness, and sustainability. It is necessary to define the extent to which the individual is capable of initiating and participating in these activities independent of supervision or direction. What is assessed is not simply the number of activities that are restricted, but the overall degree of restriction or combination of restrictions"*.

*Self-Care and Personal Hygiene*

*Communication*

*Ambulation*

*Sexual Function*

*Sleep*

*Social and Recreational Activities*

Social functioning

Concentration, Persistence and Pace

As per the Guides, “*Concentration, persistence and pace needed to perform many activities of daily living, including task completion. Task completion refers to the ability to sustain focussed attention long enough to permit the timely completion of tasks commonly found in activities of daily living or work settings...Strengths and weaknesses in mental concentration may be described in terms of frequency of errors, the time it takes to complete the task, and the extent to which assistance is required to complete the task”*.

Deterioration or Decompensation in Work or Work-like Settings (Adaptation)

As per the Guides, “*Deterioration or decompensation in work or work like settings refers to repeated failure to adapt to stressful circumstances. In the face of such circumstances, the individual may withdraw from the situation or experience exacerbation signs and symptoms....he or HE/SHE may decompensate and have difficulty maintaining activities of daily living, continuing social relationships, and completing tasks. Stressors common to the environment include attendance, making decisions, scheduling, completing tasks, and interacting with (others).”*

**CLOSING COMMENTS:**

**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,



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Sebastien Ferland OT Reg.(Ont)

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***.***