**OCCUPATIONAL THERAPY IN-HOME ASSESSMENT**

**ATTENDANT CARE NEEDS REASSESSMENT**

| **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 #:** | (613) 676-2300 |  |  |
| **Lawyer:** | Elaine Lachaîne | **Firm:** | Burn Tucker Lachaîne |
| **Adjuster:** | Karen Jenkins | **Insurer:** | Intact Insurance |
|  |  | **Claim No.:** | 4034385449 |
| **Therapist:** | Sébastien Ferland OT Reg.(Ont.) | **Date of Assessment:** | April 11, 2024 |
|  |  | **Date of Report:** | April 12, 2024 |

**ASSESSOR QUALIFICATIONS:**

Mr. Ferland is an Occupational Therapist with over 25 years of experience in 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 provide 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:**

Mr. Ledoux was referred to the offices of Ferland & Associates Rehabilitation Inc. by his legal representative Ms. Elaine Lachaîne of Burn Tucker Lachaîne for an Occupational Therapy assessment and provision of OT services in relation to injuries he sustained in his accident of December 1, 2022 when he was hit by a vehicle as a pedestrian.

At the request of his insurer, an OCF18 was submitted for funding of a reassessment of his attendant care needs and completion of a Form 1. This OCF18 was approved and the following report serves to fulfill that mandate.

**SUMMARY OF FINDINGS:**

Mr. Ledoux was involved in a significant motor vehicle accident on December 1, 2022 when he was struck as a pedestrian, resulting in severe injuries to his right ankle (open fracture). Since the date of loss, Mr. Ledoux has experienced a difficult recovery from this specific injury, struggling with recurring infections and poor healing of open wounds on his left foot. Concurrently, Mr. Ledoux continues to experience limitations in his left hand, resulting in an inability to utilize it for fine motor activities, such as playing musical instruments. Mr. Ledoux has experienced a complete interruption in his normal life activities, leading to a deterioration of his mental health. Mr. Ledoux continues to present with severe anxiety and existential preoccupations / suicidal ideation.

Concurrent with his accident-related impairments are a number of pre-existing medical and social issues including:

* Isolation (social)
* Anxiety disorder, unspecified
* Borderline personality disorder
* Adjustment disorder
* Essential tremor
* Chronic pain
* Diabetes mellitus, type 2
* GERD (gastroesophageal reflux disease)
* HTN (hypertension)
* Smoker
* COPD (chronic obstructive pulmonary disease)
* Bipolar disorder
* Family history of DVT
* Epistaxis
* Parkinsons
* Sleep apnea
* Asthma
* Dyslipidemia
* Sleep apnea

As a result of these numerous medical issues, Mr. Ledoux has experienced a complicated recovery from the injuries sustained on the date of loss. He remains dependent on assistance from PSW and Nursing to address ongoing issues relating to the management of his self-care, housekeeping and wound management. He is also in receipt of services from RA Greg Goddard, who has assisted Mr. Ledoux in reconnecting with previously-enjoyed community outings and socialization.

At this time, Mr. Ledoux presents an ongoing need for Attendant Care, as depicted in the enclosed Assessment of Attendant Care Needs Form (Form 1). He remains in need of significant daily assistance to manage his normal life activities, which he is largely precluded from performing, in any meaningful capacity.

**RECOMMENDATIONS:**

**Attendant Care:**

Mr. Ledoux is currently in need of 31.4 hours per week of Attendant Care to support him during his recovery by providing assistance for the management of those self-care activities listed in the Assessment of Attendant Care Needs Form (Form 1). Total monthly attendant care benefit: **$2025.27/mth**.

**INFORMED CONSENT STATEMENT:**

This therapist has reviewed issues related to consent as per the requirements outlined by the College of Occupational Therapists of Ontario:

* An occupational therapy assessment is to be conducted by this therapist, a registered occupational therapist with the College of Occupational Therapists of Ontario (COTO).
* The assessment has been requested by his legal representative Ms. Elaine Lachaîne.
* The purpose of this assessment is to assess Mr. Ledoux’s current functional status as it relates to his ability to complete pre-accident activities of daily living.
* The proposed assessment will include: an interview, a physical assessment and also observations of the ability to complete functional tasks within and around the home as well as education on safe means of completing activities of daily living if required.
* Due to the physical nature of the assessment, pain and fatigue are possible temporary side effects.
* Recommendations may be provided at the conclusion of the assessment. These recommendations may include:
  + Occupational Therapy Treatment
  + Assistive Devices
  + Referral to other practitioners
  + Support services
* A submission for funding will be submitted to the insurer for any goods and/or services on an OCF18 – Assessment and Treatment Plan. The insurer may approve or deny the plan (in part or in whole). Should a denial or partial denial occur, an independent examination by another Occupational Therapist may be requested by the insurer. This may be an in-person assessment or a remote paper-review assessment. Funding for the requested goods and/or services may ultimately be declined.
* Mr. Ledoux 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):
* Intact Insurance c/o Karen Jenkins, Accident Benefits Adjuster
* Burn Tucker Lachaîne, c/o Elaine Lachaîne, Legal Representative

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

**DOCUMENTATION REVIEWED:**

# At the time of this assessment, this therapist was provided with the following documentation:

* Medical Records from The Ottawa Hospital, 1423 pages

**PRE-ACCIDENT MEDICAL HISTORY:**

Based on the Admission Record from B2 - The Ottawa Hospital, Mr. LEdoux presents with the following pre-accident medical and social history:

* Isolation (social)
* Anxiety disorder, unspecified
* Borderline personality disorder
* Adjustment disorder
* Essential tremor
* Chronic pain
* Diabetes mellitus, type 2
* GERD (gastroesophageal reflux disease)
* HTN (hypertension)
* Smoker
* COPD (chronic obstructive pulmonary disease)
* Bipolar disorder
* Family history of DVT
* Epistaxis
* Parkinsons
* Sleep apnea
* Asthma
* Dyslipidemia
* Sleep apnea

Mr. Ledoux also shared with this therapist that his longstanding history of mental health struggles led to a history of 2 suicide attempts (one at age 16 via CO asphyxiation and in his twenties through planned medication overdose).

**NATURE OF INJURY:**

On December 1, 2022, Mr. Ledoux was a pedestrian struck by a motor vehicle resulting in significant orthopedic and lacerative injuries.

Based on this assessment and through a review of available medical records, Mr. Ledoux has sustained the following injuries as a result of the subject motor vehicle accident:

* Left Medial Malleolus Fracture Open Reduction, Internal Fixation
* Patellar Open Reduction, Internal Fixation
* Post-surgical infarction requiring hardware removal February 2, 2023
* Wound healing concerns and exposed bone requiring debridement, flap and skin grafts (with subsequent infections), March 18, 2023
* 2 rib fractures

Mr. Ledoux reports a marked decline in his mental health, including pronounced symptoms of anxiety and depression. He is socially isolated, lacking engagement in meaningful activities, and spends all his time in his small apartment watching television and ruminating.

**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. Kennedy, Orthopaedic Surgeon | Periodic reassessments performed | Assessed ankle status and provided directions for ongoing care. | TBD |
| Dr. Mellencamp, Orthopaedic Surgeon | Removed hardware originally installed by Dr. Kennedy post-MVA. No follow-up required. | NA | NA |
| Dr. Thrall, Plastic Surgeon | Review of skin graft site. | Recurring infections discussed and pressure stocking prescribed. | TBD |
| Dr. Laviolette, Vascular Surgeon | NA | Cauterized nose veins to stop nosebleeds. | NA |
| Dr. Prochino (GP) and Lucy Bedard (Nurse Practitioner) | Unsure | Monitoring medications | TBD |

**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 | Antipsychotic |
| Pms-Perindopril | 4mg, 1X/day | Hypertension |
| Jamp-Rabeprazole | 20mg, 2X/day | Acid reflux/GERD |
| Apo-Quetiapine | 25mg, 1X/day | Bipolar disorder |
| Auro-Metformin Blackberry | 500mg, 2X/day | Diabetes |
| Mylan-Divalproex | 500mg, 2X/day | Bipolar disorder |
| Primidone | 125mg, 1X/day | Anti-seizure medication |
| Teva-Trazodone | 150mg, 1X/day | Sleep aid |
| Taro- Rosuvastatin | 20mg, 1X/day | High Cholesterol |
| Sandoz-Pregabalin | 50mg, 2X/day | Neuropathic pain |
| Sandoz-Quetiapine XR | 50mg, 1X/day | Antipsychotic |
| Novo-Famotidine | 20mg, 2X/day | Acid reflux/GERD |
| Apo-Tamsulosin CR | 0.4mg, 1X/day | Enlarged prostate |
| Act-Venlafaxine XR | 150mg, 1X/day | Depression |
| Aspirin | 81mg, 1X/day | Blood thinner |
| Equate Melatonin | 5mg, 1X/day | Sleep aid |

**CLIENT REPORTED SYMPTOMS**

**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 | Fractured in two locations, undergone six surgeries, and causes constant pain. Mr. Ledoux describes a “crunching noise” when bearing weight on his left ankle. Although encouraged to walk regularly, his opportunities for walking are constrained by the limited space in his apartment and the need for assistance to leave his home. | 8/10 - 10/10 |
| Left knee | This area remains quite painful, especially when ambulating. | 4/10 at rest, up to 8/10 when walking |
| Left hip | Requires frequent repositioning while seated in his recliner. | 5/10 during the day up to 7/10 at night |
| Pelvis | Frequent change of position required as he cannot obtain any relief from pelvic pain. | 7/10 |
| Left hand | Unable to fully bend his wrist or grasp with his second and third fingers. Limited fine motor coordination was evident during the assessment. Mr. Ledoux, a skilled keyboard player and enthusiastic musician, has been unable to play music since his accident. He reports that playing music, a highly meaningful activity for him, is now unattainable due to the restricted functionality of his left hand. | 7/10 |
| Left leg and forearm | He experiences sensations he describes as "nerve shocks" traveling from his left ankle to his knee, and from his left wrist to his elbow. | 8/10 |

**Cognitive Symptoms:**

When originally asked about changes in his cognitive function, Mr. Ledoux denied any significant alterations. Nevertheless, further questioning revealed a range of troubling cognitive symptoms, which may be linked to his deteriorating mental health and use of opioid medications for pain management. He reported being slower, forgetful, incapable of multitasking, and having considerable difficulties with organization and planning. These issues have been evident through the ongoing engagement with Mr. Ledoux and are being explored further through therapeutic touch points where mitigation strategies are being explored.

**Emotional Symptoms:**

Mr. Ledoux noted that he experiences ongoing emotional symptoms:

* Depression and anxiety
  + Loss of interest in activities he previously enjoyed
  + Panic attacks, recurrent
  + Low mood, anhedonia
  + Suicidal ideation
* Social isolation. Mr. Ledoux spends the majority of his time in his apartment where he sits on his recliner and watches television all day. He is sharing his desire to continue with RA sessions with Mr. Goddard, who has been helpful in providing Mr. Ledoux with some community access and to support him with the management of daily issues identified.

**Symptom Management Strategies:**

Mr. Ledoux reported making use of the following strategies to manage his symptoms at this time:

* Rest
* Activity avoidance
* Medication

**FUNCTIONAL AND BEHAVIORAL OBSERVATIONS:**

**Tolerances, Mobility and Transfers:**

| **Activity** | **Client Report and Therapist Observations** |
| --- | --- |
| Sitting and repositioning | Mr. Ledoux reports spending most of his day sitting or lying on his recliner sofa. He is required to reposition himself regularly throughout the day and will independently get in and out of his sitting location. He does this with significant difficulty but persists through the motions of completing these transfers as required.  Mr. Ledoux remained seated in his sofa for periods of 30 minutes, interrupted by requests from this therapist to demonstrate various functional tasks. He was observed shifting his weight frequently during his time spent seated. |
| Bed mobility | Mr. Ledoux reported that he is unable to sleep in his bed as he cannot keep his left leg elevated comfortably. He can’t turn on his side due to hip pain and thus finds the bed to not be a useful surface for him to utilize at this time.  Bed transfers were not observed during this assessment and will be revisited in rehabilitation initiatives geared at normalizing his sleep environment (return to his bedroom to retire at night) and sleep pattern (stabilize sleep-wake pattern by segmenting sleep environment from daytime environment). |
| Transfers | Mr. Ledoux demonstrated the ability to independently transfer from a chair and sofa, although he struggled during these movements, occasionally stopping mid-transfer to stabilize himself. He relied heavily on his walker or cane for support while standing and displayed ongoing general instability on his feet.  During a toilet transfer demonstration, Mr. Ledoux experienced difficulty with the low-level toilet. A raised toilet seat, previously installed by this therapist in his bathroom, proved beneficial as it aligns with the height of his sofa, aiding in easier transfers.  Mr. Ledoux has been limited to sponge bathing since his accident, avoiding showering or bathing due to compromised skin integrity at his skin graft sites. The use of a transfer tub bench has been discussed and Mr. Ledoux has now requested that this item be provided as he feels ready to undertake showers. |
| Standing | Before the accident, Mr. Ledoux reported no significant problems with sustained static or dynamic standing, although he did acknowledge occasional pain. He was able to carry out his daily routine without difficulty.  Currently, he reports being able to stand for only a few minutes at a time before needing to sit to recover. He describes himself as deconditioned and unable to maintain standing for any substantial duration.  This therapist observed Mr. Ledoux during short periods of static and dynamic standing. He was frequently seen shifting his weight from side to side and was rarely able to remain standing in one position for more than a few minutes. |
| Balance | Static balance assessed using Four-Stage Balance Test, consisting of holding four different stances for at least 10 seconds each:   * with his feet together * on one foot (right then left) * while in a semi-tandem * while tandem stance   Mr. Ledoux was unable to demonstrate any of the above postures without external support from a walking aid. He is found to remain at high risk for falls and encouraged to make use of available mobility aids at all times when standing upright. |
| Walking | Over the last four months, Mr. Ledoux's ability to walk has demonstrably deteriorated, a decline marked by increased instability, reliance on mobility aids, and frequent need for assistance. Initially capable of short, independent walks with minimal support, his endurance and steadiness have progressively weakened. This regression is characterized by an augmented unsteadiness, as noted during transfers and stair navigation, and an elevated risk of falls. Mr. Ledoux's outings, although regularly scheduled to promote mobility and engagement, have increasingly required meticulous planning to accommodate his diminished capabilities. His decreased tolerance for physical activity necessitates frequent breaks and substantial support from rehabilitation staff, highlighting a significant and ongoing decline in his functional mobility. This trend underscores the need for continued and possibly intensified occupational therapy interventions to manage his mobility constraints and enhance his quality of life. |
| Stairs | Mr. Ledoux remains unable to safely manage the three uneven steps at the front of his home which he continues to navigate when required, slowly and with much difficulty. He has been observed to be unsteady while descending stairs, requiring close stand-by supervision as he continues to present with periods of unsteadiness required that he brace himself on surfaces. This remains a significant impediment to increased community outings, which remain a targeted therapeutic goal at this time. |
| Lifting/Carrying | Mr. Ledoux is significantly limited in his ability to carry objects while utilizing mobility aids due to impairments in his left arm. When navigating with a rollator walker, he can transport small items within his apartment by placing them on the walker's seat pan. However, his capacity for grip is severely compromised; he is unable to exert substantial force with his left hand. A functional assessment revealed that only his thumb, fourth, and fifth digits retain some ability to apply a cylindrical grip, as demonstrated during interactions with this therapist. This limitation affects his functional independence and necessitates adaptations in his living environment and daily routines to accommodate his reduced manual dexterity. |
| Kneeling | Was able to kneel with some discomfort pre-accident.  Mr. Ledoux is unable to kneel at this time. |
| Squatting/Crouching | Was able to squat and crouch with some discomfort pre-accident.  He is currently unable to squat or crouch. |
| Bending | Mr. Ledoux is able to bend forward while seated to reach his toes. He cannot bend forward when standing. |
| Reaching | Mr. Ledoux exhibits significant limitations in reaching with his left arm due to restricted mobility in his left shoulder, which presents with approximately 50% of normal active range of motion (ROM) in all planes. This substantial reduction impacts his ability to perform daily tasks that require arm extension or elevation. In contrast, his right upper extremity remains fully functional, allowing him to compensate for some of the deficits on his left side. This disparity in functional ability between his limbs necessitates specific therapeutic interventions aimed at improving his left shoulder's ROM while also strategizing daily activities to utilize his right arm's capabilities effectively. |
| Fine Motor Coordination | Mr. Ledoux demonstrates considerable challenges with fine motor coordination in his left hand, particularly evident in his inability to effectively move his index through ring fingers for fine gripping tasks. This limitation was informally observed during activities such as handling coins, where Mr. Ledoux was unable to manipulate individual pieces using his left hand and instead relied predominantly on his right hand. This dependency on his right hand for fine motor tasks highlights a significant impairment in his left hand's dexterity and functional use, necessitating targeted interventions to enhance his fine motor skills and adapt his environment to better accommodate his current capabilities. |

**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 | | While Mr. Ledoux retains a generally preserved range of motion in his neck, he reports experiencing stiffness and pain during active movements and even while in a neutral position. |
| Lateral flexion | WFL | WFL |
| Rotation | WFL | WFL |
| Extension | WFL | |
| **Shoulder** | Flexion | WFL | ½ range | Left shoulder range of motion significantly impaired in all planes. |
| Extension | WFL | ½ range |
| Abduction | WFL | ½ range |
| Adduction | WFL | ½ range |
| Internal rotation | WFL | ½ range |
| External rotation | WFL | ½ range |
| **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 | ½ range | | Mr. Ledoux is significantly restricted in his ability to bend forward and reach beyond his upper thighs due to severe pain in his lumbar spine. This limitation severely impacts his functional capabilities, affecting daily activities that require bending or reaching low, such as dressing or picking up objects from the ground. |
| Lateral flexion | ½ range | ½ range |
| Rotation | ½ range | ½ range |
| **Hip** | Flexion | WFL | WFL | No identified limitations. |
| Extension | WFL | WFL |
| **Knee** | Flexion | WFL | WFL | Unable to fully straighten or bend his left knee. |
| Extension | WFL | ¾ range |
| **Ankle** | Dorsiflexion | WFL | WFL | No identified limitations. |
| Plantar flexion | WFL | WFL |

**Emotional Presentation:**

Mr. Ledoux’s emotional presentation has been observed as generally flat and somber. He noted a recent medical finding leading to an imminent surgery for the removal of masses in his abdomen. This additional stress has had a negative impact on Mr. Ledoux’s mood and compounded his depressive symptoms and those of severe anxiety. He was also observed to be preoccupied by a recent contact from his employer, which has triggered increased anxiety requiring intervention by this therapist.

**Cognitive Presentation:**

Mr. Ledoux presented with generally intact cognition during this assessment. He does continue to be avoidant of various cognitively demanding tasks such as problem solving and organization, and noted receiving assistance by his PSW to sort his mail and help him prioritize the correspondences. He does also present with evident signs of cognitive fatigue, prevalent at all times and more pronounced as he becomes tired or when pain symptoms increase. He also presents with signs of slowed cognitive processing, as he requires time to process information before providing a response.

**TYPICAL DAY:**

Mr. Ledoux reported little change in his daily routine over the past year, as he continues to manage his medical complications. He remains socially isolated and largely confined to his apartment due to his severe mobility restrictions and deconditioning. He spends his days and nights in his recliner where he will watch television and attempt to keep himself distracted from his pain and negative thoughts. With the assistance of his RA, Mr. Ledoux has been able to engage in a number of community outings which he finds deeply gratifying. He notes that without someone to help him, he is unable to leave his apartment and has no meaningful activities to occupy his time. He notes particular benefits from having returned to the park to feed animals and attending a local Tim Hortons for a coffee.

**DESCRIPTION OF LIVING ENVIRONMENT:**

| **TYPE OF DWELLING** | Apartment, main floor, outdoor access via two concrete steps in disrepair | | |
| --- | --- | --- | --- |
| **ROOMS** | **Qty** | **LOCATION/DESCRIPTION** | **FLOOR COVERING** |
| Bedrooms | 1 | Main floor | Laminate |
| Bathrooms | 1 | Main floor | Tile |
| Living Room | 1 | Main floor | Laminate |
| Family Room | 0 | NA | NA |
| Dining Room | 0 | NA | NA |
| Kitchen | 1 | Round table and 4 chairs in the kitchen | Laminate |
| Laundry | 1 | Washer and dryer located in the kitchen | Laminate |
| Stairs | 2 | Two steps in state of disrepair and not meeting code requirements to be navigated to access his main floor apartment. He notes that his mother recently fell and hit her head while visiting him. | Concrete |
| Basement | 0 | NA | NA |
| Driveway Description | No driveway. | | |
| Yard description | No yard. | | |

**LIVING ARRANGEMENTS/SOCIAL STATUS:**

| **Marital Status** | Married ☐ Single ☒ Common Law ☐ Other ☐ |
| --- | --- |
| **Living Arrangement** | Lives alone in an apartment |
| **Children** | None |

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

**Self-Care Activities:**

Prior to the subject motor vehicle accident, Mr. Ledoux was independent in the management of his core self-care activities.

Mr. Ledoux is currently dependent on assistance from PSWs from CCAC and privately funded to assist with the management of his environment and support his self-care. He notes receiving one weekly CCAC visit from a PSW as well as 2 - 3 weekly visits from a PSW who has retired but continues to work with Mr. Ledoux with whom she has developed a strong bond and provides services privately.

In addition, Mr. Ledoux also continues to receive CCAC nursing care once every 4 days for dressing changes to his left foot.

**Home Management Activities:**

Legend of Ability:

I – Independent A – Partial with assistance D – With devices U – Unable NA – Not Applicable

| **Indoor Tasks** | **Pre-accident Engagement** | **Current Engagement** |
| --- | --- | --- |
| Meal Preparation | I – No issues reported | U - He remains able to warm items in the microwave but is otherwise unable to prepare meals for himself due to limited use of his left hand and poor balance/mobility. |
| Dishwashing | I – No issues reported | U - Mr. Ledoux lacks the balance, standing tolerance and grip/pinch/fine motor function in his left hand to engage in bilateral activities such as washing dishes. . |
| Groceries/errands | I – No issues reported | A - Mr. Ledoux noted that he makes use of a Taxi service to get to the local Wal-Mart for periodic excursions. He will make use of an electric cart when there to get around the store and will seek assistance from staff to obtain items he cannot reach. He noted that he then relies on assistance from the taxi driver to carry his groceries back into his apartment. He notes that his PSW will assist in putting items away. |
| Bathroom cleaning | I – No issues reported | U - Mr. Ledoux is unable to clean his washroom at this time. |
| Making/changing beds | I – No issues reported | U - Mr. Ledoux is unable to change his bed sheets. |
| Vacuuming | I – No issues reported | U - Mr. Ledoux cannot vacuum at this time. |
| Sweeping | I – No issues reported | U - Mr. Ledoux cannot sweep at this time. |
| Mopping | I – No issues reported | U - Mr. Ledoux cannot mop at this time. |
| Dusting | I – No issues reported | U - Mr. Ledoux cannot dust at this time other than wiping small small spills on counter or table surfaces. |
| Tidying | I – No issues reported | U - Mr. Ledoux engages in limited tidying due to his limited mobility. He relies on his PSW to maintain his living environment. |
| Laundry | I – No issues reported | U - Mr. Ledoux cannot manage his laundry and relies on his PSW to load his washer and dryer and fold clothes. |
| Ironing | NA | NA |
| Garbage Removal/Recycling | I – No issues reported | U - Mr. Ledoux relies on his PSW to take garbage and recycling out of his apartment to the curb for pickup. |

| **Outdoor Tasks** | **Pre-accident Engagement** | **Current Engagement** |
| --- | --- | --- |
| Lawn Care | NA | NA |
| Gardening | NA | NA |
| Snow Removal | NA | NA |

**Caregiving Activities:**

Prior to the subject motor vehicle accident, Mr. Ledoux was the primary caregiver for his father, who has passed away since Mr. Ledoux’s motor vehicle accident.

**Vocational Activities:**

Mr. Ledoux noted having not worked since 2000 when he was required to take a medical leave from the OPP due to a diagnosis of Bi-polar disorder. He was not employed at the time of the subject motor vehicle accident.

**Leisure Activities:**

Prior to the subject motor vehicle accident, Mr. Ledoux noted that he enjoyed the following leisure activities:

* Music (Keyboard and guitar)
* Feeding birds and ducks daily at a local park
* Spending time with his father

At the time of this assessment, Mr. Ledoux has found a complete interruption in the completion of his pre-accident leisure activities, except for the few outings fostered by his RA. His accompanied visits to the local marked have had a marked impact on Mr. Ledoux, who shares how this adds some positivity to his weeks and something to look forward to.

**Community Access:**

Mr. Ledoux remains without means to independently access the community. He continues to utilize taxi services to run errands and avail himself of motorized carts when accessing the local WalMart. Mr. Ledoux indicated that he would like to obtain a vehicle of his own soon as he shares his strong desire to access the community.

**Volunteer Activities:**

Mr. Ledoux was not involved in any volunteer activities prior to the subject motor vehicle accident.

**ASSESSMENT OF ATTENDANT CARE NEEDS:**

The following is an Assessment of Attendant Care Needs based on reports of the client and direct observations as of April 11, 2024. The Ontario Society of Occupational Therapists report “Considerations for Occupational Therapists Completing an Assessment of Attendant Care Needs (Form 1)” was consulted for the completion of the assessment. As per the OSOT Guidelines, “this assessment of Attendant Care Needs (Form 1) is not simply the recording of what attendant care services are already in place. This therapist’s role is to determine the extent to which the client can perform the skills and activities identified in the Form 1 safely, functionally, and to objectively identify what assistance, if any, is needed from the present time into the future until another such re-assessment may identify modified needs.”

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

| **Task** | **Observations/Comments** | **Weekly Time Allotted** |
| --- | --- | --- |
| Dress   * Upper body * Lower Body | Mr. Ledoux demonstrated the strength, range of motion and postural tolerances required to manage dressing and undressing activities independently. He confirmed that he manages this task independently albeit in a slow manner at times with breaks if symptoms are flared. | 0 minutes per week |
| Undress   * Upper body * Lower Body | 0 minutes per week |
| Prosthetics | NA | 0 minutes per week |
| Orthotics | NA | 0 minutes per week |
| Grooming   * Face * Hands * Shaving * Cosmetics * Brush/shampoo/dry/style hair * Fingernails * Toenails | Mr. Ledoux requires assistance with hair care, fingernail and toenail care. | 65 minutes per week |
| Feeding | Mr. Ledoux is unable to prepare meals for himself and requires assistance with all aspects of meal preparation. | 0 minutes per week |
| Mobility **\*** | Mr. Ledoux would benefit from assistance to walk outside of his home for short periods three times daily. | 420 minutes per week |
| Extra Laundering |  | 0 minutes per week |

**\* Please note that as per the guidelines set forth by the Ontario Society of Occupational Therapists, assistance with mobility includes “all transfers both inside the home and out in the community” and “supervision and assistance when walking includes: stair climbing, mobility on ramps, into and out of home and/or lobby, garage, in the community etc.”**

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

| **Task** | **Observations/Comments** | **Weekly Time Allotted** |
| --- | --- | --- |
| Hygiene **\***   * Clean tub/shower/ sink after use * Change bedding, make bed, clean room * Ensure comfort and safety (bedroom) * Assist in daily wearing apparel * Hand/sort clothes to be laundered | Mr. Ledoux requires assistance with the management of all hygiene tasks listed in this section of the Form 1. He is confined to his apartment and benefits from a 2 hours per day of assistance for ensuring his comfort and security in his environment through a combination of phone check-ins and in-person visits. | 1015 minutes per week |
| Basic Supervisory Care **\*\*** | No needs identified at this time for this section. This will be monitored through the course of OT treatment delivery. | 0 minutes per week |
| Coordination of Attendant Care |  | 0 minutes per week |

**\* The “Assessment of Attendant Care Needs” guidelines set forth by the Ontario Society of Occupational Therapists considers “supervisory functions for those who are emotionally, cognitively and/or physically in need of comfort (e.g. advocating for a child or someone who is cognitively impaired)”. The OSOT guidelines further state that the “family may be ensuring comfort, safety and security in this (hospital) environment and these activities should be considered an attendant care need under Level 2”.**

**\*\* As per the National Research Counsel of Canada (2006), the Available Safe Escape Time (ASET) for a single-family house equipped with smoke alarms, may only be 3 minutes. The Required Safe Escape Time (RSET) is the amount of time required for an individual to evacuate or reach an area of safety. Factors that impact the ability to evacuate quickly include age, sleep stage (those in deep stages have more difficulty being roused), drugs (e.g., individuals taking a sleeping aid} and alcohol consumption, and those who have physical and mental disabilities. In Canada, winter conditions must also be considered, as “preparation for further action” activities including donning boots and coats, and gathering belongings, require additional time.**

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

| **Task** | **Observations/Comments** | **Weekly Time Allotted** |
| --- | --- | --- |
| Genitourinary Tracts | No needs identified. | 0 minutes per week |
| Bowel Care | No needs identified. | 0 minutes per week |
| Tracheostomy | Not applicable. | 0 minutes per week |
| Ventilator Care | Not applicable. | 0 minutes per week |
| Exercise | No exercise program prescribed yet. | 0 minutes per week |
| Skin Care | CCAC is currently managing skin care issues. | 0 minutes per week |
| Medication | Mr. Ledoux is independent in the management of his medication. He has his prescriptions delivered to his home. | 0 minutes per week |
| Bathing   * Bathtub or shower * Bed bath * Oral Hygiene (including dentures) * Transfer, bathing and drying, prep equipment, clean equipment, apply creams, etc. | Mr. Ledoux requires assistance for the completion of a daily sponge bath to be soon transitioned to assistance in showering (once his skin graft fully heals, imminently expected). | 175 minutes per week |
| Other Therapy (TENS, DCS) | NA | 0 minutes per week |
| Maintenance of Equipment and Supplies | NA | 0 minutes per week |
| Skilled Supervisory Care (for aggressive or violent behaviour) | NA | 0 minutes per week |

Attendant Care Calculation:

Part 1 - Routine Personal Care 11.58 hours per week $742.14/mth

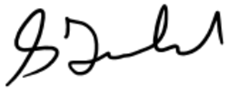
Part 2 - Basic Supervisory Functions 16.92 hours per week $1018.38/mth

Part 3 - Complex Health/Care and Hygiene 2.92 hours per week $264.75/mth

**Total monthly assessed attendant care benefit: $2025.27** (subject to limits under Statutory Accident Benefits Schedule)

**CLOSING COMMENTS:**

This therapist may be contacted through the offices of FERLAND & ASSOCIATES REHABILITATION INC. at 613-776-1266 or by email at info[@ferlandassociates.com](mailto:ferland@ferlandassociates.com) .

Sincerely,

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

Sebastien Ferland OT Reg.(Ont)

Encl: Form 1

Cc: Burn Tucker Lachaîne ℅ Elaine Lachaîne

Intact Insurance

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***.***