OCCUPATIONAL THERAPY IN-HOME ASSESSMENTForensicaLetterheadBottomGraphic

| Client Name: | Robert Loughlin | Date of Loss: |  |
| --- | --- | --- | --- |
| Address: |  | Date of Birth: | February 21, 1960 |
| Telephone #: |  |  |  |
| Lawyer: |  | Firm: |  |
| Adjuster: |  | Insurer: |  |
|  |  | Claim No.: |  |
| Therapist: | Sebastien Ferland OT Reg.(Ont.) | Date of Assessment: |  |
|  |  | Date of Report: |  |

THERAPIST 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 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.

ASSESSMENT PREAMBLE:

SUMMARY OF FINDINGS:

RECOMMENDATIONS:

Attendant Care:

Housekeeping:

Assistive Devices:

Further Occupational Therapy Interventions:

Referral for Other Services:

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 LAWYERNAME.
* The purpose of this assessment is to assess Mr. CLIENT’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. CLIENT 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):
* Zenith Insurance c/o Kaitlyn Witmeyer, Accident Benefits Adjuster
* McNally Gervan, c/o Frank McNally, Legal Representative

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

DOCUMENTATION REVIEWED:

PRE-ACCIDENT MEDICAL HISTORY:

2 years ago right hip replacement

Infection in his hip post-surgery required revision surgery and replacement

1 month later same thing happens again

Go back and do same thing

Another 10 times

Eventually found two bacteria types in his body

Resparia put in

Kept happening, finally the last one (March of 2023) seems to be taking. NO recurrence.

Saw surgeon 1 month ago

Option: Another surgery they have to cut the leg

Over last month was starting to pick-up and be more active

Fractrured femur

Rheumatoid

Fibromyalgia

Depression (ODSP - 5 years)

Left knee replacement

2.5 years - 3 years in chair

May 3, 2024 things were getting better, starting to stand. Seeing a PT in-home once weekly for 6 weeks and then as he got better and could stand at the counter where he did his exercises with his wheelchair right behind him. Pain wasn’t too bad then I had the accident and the progression has been worse since then.

hAS A SPACER HIP IN PLACE FOR NOW AND HE WILL GET ANOTHER FULL hip replacement in the future. The spacers are not long-term solutions. He remains with this hip. No infection since discharge in May 3, 2024.

MECHANISM OF INJURY:

Was crossing Ormond and Parkdale. The car was turning left and he had the light. She didn’t yield and ran right into me. Didnt even hit the brakes. Spun me around and hit me again head-on. My legs and hims when under the bumper under the SUV and the rest of his body hit the grill. She other vehicle did not move. Driver freaking out. Firefighter had to get in the car to reverse the car.

Took to ambulance to BGH. Did whole-body x-rays. Found compression fracture of his spine. He was discharged a few hours later.

NATURE OF INJURY:

Based on \_\_ , Mr. CLIENT sustained the following injuries as a result of the subject motor vehicle accident:

COURSE OF RECOVERY TO DATE:

Nothing at all.

Nobody seen me. Dr. Gill is his GP but he doesn’t have hospital priviliges at hospital He has to get a specialist everytime he needs something.

Saw him when his hip was really bad and he wouldnt even give me pain meds. He said he din’t believe in it. He would go back to his surgeon who would give him short-term prescriptions.

CURRENT MEDICAL/REHABILITATION TEAM:

| Health Professional Name and Specialty | Date of Last Appointment/ Frequency of appointments | Outcome of Last Appointment | Date of Next Appointment |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

MEDICATION:

| Medication Name | Dosage/Frequency | Purpose |
| --- | --- | --- |
| BREASKFAST |  |  |
| Buprio |  |  |
| Ferrous Gluconate |  |  |
| Gabapentin |  | Nerve pain |
| Sandoz-rebrazole |  |  |
| rOSUVASTIN |  |  |
| Sds-silodosin |  |  |
| Att-benlafaxin-XR |  |  |
| B12 |  |  |
| LUNCH |  |  |
| Babapentin |  |  |
| DINNER |  |  |
| Advil |  |  |
| Gabapentin |  |  |
| BED |  |  |
| Ferrous Epi Gluconite |  |  |
| Gabapentin |  |  |

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 |
| --- | --- | --- |
| Femoral pain right-sided | Cant put any pressure or weight on his leg. Only gets relief when he keeps it straight. He will seeing Dr. Steve Mann, Orthopaedic Surgeon, and will ask him for a leg brace.  Neighbour keeps coming to check on him due to screaming at all times of day and night. | 7 - 10/10 |
| Lower back pain | Pain is aggravated by being bent forward. Eases off when he fully reclines. In a sitting position it hurts. | 7 - 8/10 |
| Right hip and leg | Hip is bad too. Last time he saw his Otho, he was told the hip was wearing and it has been causing him a lot of pain. This pain was slightly aggravated by the MVA. |  |
|  |  |  |
|  |  |  |

Cognitive Symptoms:

No issues

Emotional Symptoms:

Severe anxiety

Depression is bad

Mental health was bad 4 - 5 years ago. I was having a hard time. Check myself into the hospital because he was suicidal. Started seeing a psychiatrist and was doing better.

He would lose it and go off the deep end.

Not suicidal. Last few years have been so difficult.

Symptom Management Strategies:

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

* Rest
* Activity avoidance
* Medication

FUNCTIONAL AND BEHAVIOURAL OBSERVATIONS:

Tolerances, Mobility and Transfers:

| Activity | Client Report and Therapist Observations |
| --- | --- |
| Sitting and repositioning | This is his only position. He can sit 5 - 10 minutes in his chair as he is unable to bend his right leg. In a sitting position is when the femur really hurts. |
| Bed mobility | Has not slept in his bed in 3 years. |
| Transfers | Difficult all around. Has to get up every 45 minutes to urinate. This is torturous. He cannot get into a comfortable position at all. |
| Standing | Unable to stand, must hop on one leg. Can’t put weight on his leg. |
| Balance | Very unsteady. Not tested. |
| Walking | Unable to walk. Before the accident, he started using a walker a bit. A few steps only. Was in process of graduating to walker when the accident happened. Getting rid of the wheelchair was on the radar.m He can’t get into a car or taxi. |
| Stairs |  |
| Lifting/Carrying |  |
| Kneeling | Unable |
| Squatting/Crouching | Unable |
| Bending | Unable |
| Reaching | Able in all planes but cannot reach low. |
| Fine Motor Coordination | NA |

Hulper patient transfer, covered by ODSP. He will be cut-off at age 65 unless he re-applies. Getting him to his surgeon appointment.

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:

Cognitive Presentation:

TYPICAL DAY:

ENVIRONMENTAL ASSESSMENT:

| TYPE OF DWELLING |  | | |
| --- | --- | --- | --- |
| ROOMS | Qty | LOCATION/DESCRIPTION | FLOOR COVERING |
| Bedrooms |  |  |  |
| Bathrooms |  |  |  |
| Living Room |  |  |  |
| Family Room |  |  |  |
| Dining Room |  |  |  |
| Kitchen |  |  |  |
| Laundry |  |  |  |
| Stairs |  |  |  |
| Basement |  |  |  |
| Driveway Description |  | | |
| Yard description |  | | |

LIVING ARRANGEMENTS/SOCIAL STATUS:

| Marital Status | Married ☐ Single ☐ Common Law ☐ Other ☐ |
| --- | --- |
| Living Arrangement |  |
| Children |  |

ACTIVITIES OF DAILY LIVING (Pre and Post Accident):

Pre and Post Accident Self-Care Activities:

Has been sponge bathing for last month he has been feeling so terrible. Has a shower seat and a raised toilet seat and grab bars. Can’t lift his leg into the tub.

He can do the basics. He can do the dishes from his wheelchair. Has a case worker from Leeds and Lanark Mental Health and Addictions.

Home Management Activities:

Able to sweep

Able to mop

Able to make simple meals

Pain is his main issue

Needs assistance from PSW

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 – Mr. CLIENT managed meal preparation independently. |  |
| Dishwashing | I – Mr. CLIENT was able to manage daily dishwashing to address the limited dishes he would produce throughout the day. |  |
| Groceries/errands | I – Mr. CLIENT did not report any difficultuies accessing the community to obtain groceries or run errands. He was independent in this regard. |  |
| Bathroom cleaning | I – Mr. CLIENT was able to maintain his bathroom environment independently. |  |
| Making/changing beds | I – Mr. CLIENT reported being independent in the changing of his bed linen on a regular basis as well as making of his bed daily. He reported that he managed with some discomfort. |  |
| Vacuuming | I – Mr. CLIENT would use a vacuum cleaner to maintain his living environment. He would vacuum small areas at a time to pace this activity. |  |
| Sweeping | I – Mr. CLIENT reported that he would sweep on a daily basis and was able to pickup piles using a regular dustpan. |  |
| Mopping | I – Mr. CLIENT was able to mop his floors on an as-needed basis pre-accident. He would clean small areas at a time and pace this activity. |  |
| Dusting | I – Mr. CLIENT reported no difficulties with dusting pre-accident. He would dist surfaces regularly, as-required. |  |
| Tidying | I – Mr. CLIENT reported no difficulty with tidying his living environment pre-accident. |  |
| Laundry | I – Mr. CLIENT managed his laundry needs without difficulty pre-accident. |  |
| Garbage Removal/Recycling | I – Mr. CLIENT is independent in the management of his garbage and recycling. | \ |

| Outdoor Tasks | Pre-accident Engagement | Current Engagement |
| --- | --- | --- |
| Lawn Care | Mr. CLIENT was not primarily responsible for lawn care pre-accident. |  |
| Gardening | Mr. CLIENT did not garden pre-accident. |  |
| Snow Removal | Mr. CLIENT was not required to complete snow removal pre-accident. |  |

Finances/Financial Management:

Caregiving Activities:

Mr. CLIENT is not the primary caregiver for any of his children at this time.

Vocational Activities:

| Pre-accident Employment Status | Employed part-time |
| --- | --- |
| Employer |  |
| Job Title/Duties |  |
| Hours per week |  |
| Comments |  |

| Current Employment Status |  |
| --- | --- |
| Comments |  |

Leisure Activities:

Blockhouse get a coffee

Tim’s with his dog

Take fishin rod to water and cast few lines

Watching sports and documentaries

Lately has has been sleeping 24 hours a day as he cannot sleep for anything more than 2 straight hours.

Community Access:

Volunteer Activities:

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 AXDATE. 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 |  | 0 minutes per week |
| Undress   * Upper body * Lower Body | 0 minutes per week |
| Prosthetics |  | 0 minutes per week |
| Orthotics |  | 0 minutes per week |
| Grooming   * Face * Hands * Shaving * Cosmetics * Brush/shampoo/dry/style hair * Fingernails * Toenails |  | 0 minutes per week |
| Feeding |  | 0 minutes per week |
| Mobility \* |  | 0 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 |  | 0 minutes per week |
| Basic Supervisory Care \*\* |  | 0 minutes per week |
| Co-ordination 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 |  | 0 minutes per week |
| Bowel Care |  | 0 minutes per week |
| Tracheostomy |  | 0 minutes per week |
| Ventilator Care |  | 0 minutes per week |
| Exercise |  | 0 minutes per week |
| Skin Care |  | 0 minutes per week |
| Medication |  | 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. |  | 0 minutes per week |
| Other Therapy (TENS, DCS) |  | 0 minutes per week |
| Maintenance of Equipment and Supplies |  | 0 minutes per week |
| Skilled Supervisory Care (for aggressive or violent behaviour) |  | 0 minutes per week |

Attendant Care Calculation:

Part 1 - Routine Personal Care 0 hours per week $0 /month

Part 2 - Basic Supervisory Functions 0 hours per week $0 /month

Part 3 - Complex Health/Care and Hygiene 0 hours per week $0 /month

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

CLOSING COMMENTS:

This therapist may be contacted through the offices of FERLAND & ASSOCIATES REHABILITATION INC. at 613-204-1549 or by email at [ferland@ferlandassociates.com](mailto:ferland@ferlandassociates.com) .

Sincerely,



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

Sebastien Ferland OT Reg.(Ont)

Encl: Form 1

Cc: LF

Insurer

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*.*