**OCCUPATIONAL THERAPY**ForensicaLetterheadBottomGraphic

**IN-HOME ASSESSMENT**

| **Client Name:** | Christina Pasqua | **Date of Loss:** | 2016-08-08 |
| --- | --- | --- | --- |
| **Address:** | 20 Laming Street, Ottawa, ON K2J 1V1 | **Date of Birth:** | 1989-08-25 |
| **Telephone #:** | 613-983-6099 |  |  |
| **Lawyer:** | Frank McNally | **Firm:** | McNally Gervan |
| **Adjuster:** | Ian Christie | **Insurer:** | Jevco Insurance |
|  |  | **Claim No.:** | 5030704357 |
| **Therapist:** | Sebastien Ferland OT Reg.(Ont.) | **Date of Assessment:** | 2024-01-09 |
|  |  | **Date of Report:** | 2024-01-25 |

**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:**

Ms. Pasqua has been under this therapist’s care since March of 2021 in relation to psychological trauma and associated functional decline experienced following her husband’s MVA of August 8, 2016 where he sustained significant injuries. Over the course of the provision of care, Ms. Pasqua was noted to have experienced some improvements in her global level of function. An interruption in treatment secondary to medical issues experienced by this therapist in the summer of 2023 led to an interruption of care spanning June 2023 to the current assessment date. Ms. Pasqua sought a resumption of OT treatment to address a deterioration of her mental health, leading this therapist to conduct a reassessment in order to develop an appropriate OT treatment plan to address the functional decline reported at the time of reconnection in November of 2023. Ms. Pasqua was noted to experience difficulties maintaining scheduled appointments in late 2023, canceling several scheduled appointments for a variety of reasons (linked to her severe anxiety and familial stressors). She ultimately maintained an appointment on January 9, 2024 allowing this therapist the opportunity to assess her thoroughly in the presence of her husband, who provided supporting details as to his wife’s struggles and limited daily function.

An OCF18 for this reassessment was submitted to the insurer for consideration and was partially approved allowing for the release of this report.

**SUMMARY OF FINDINGS:**

Ms. Pasqua, now 33 years of age, is the mother of two young children and wife to her husband who was involved in two motor vehicle accidents on August 8, 2016 and May 19, 2017. As a result of these accidents, her husband developed an array of challenges, including significant changes to his personality and behaviours which have impacted Ms. Pasqua in a multitude of ways. Ms. Pasqua describes ongoing issues with her husband’s verbal aggression, short-temperedness and volatility which has led to issues within the couple’s dynamics. Ms. Pasqua has as a result developed significant mental health issues of her own, including severe depression and debilitating anxiety with phobic features.

Prior to the subject motor vehicle accidents, Ms. Pasqua describes herself as functioning well in

all aspects of her life. She was engaged in managing the family home, preparing meals for her family, and caring for her child (the second being born after the subject MVAs). She reports a

healthy relationship with her husband and a number of close friendships. She was physically active and reported no significant pre-existing medical issues. She notes having been diagnosed

with a learning disability as a child, having only begun speaking at age 3. She went on to complete most of her high school credits and reports having completed an aesthetician certificate.

At the time of this assessment, Ms. Pasqua presented with a significant deterioration of her mental health, resulting in her shutting down from most aspects of daily function. She noted that she has lost all gains made in OT treatment delivered through the 2021-2023 and reverted back to her original pattern of self-neglect, social isolation and severe social phobias. She rarely leaves the home unless accompanied by her husband and she describes a complete interruption of her engagement in housekeeping tasks. She also notes an inability to readily engage with her children and relying on the use of screen time to occupy her two young boys. Ms. Pasqua has been referred to The Royal Ottawa Hospital and remains on a waiting list for a consultation. She has been prescribed medications (SSRI and antipsychotic medication) by her GP however has not been making use of the antipsychotic medication due to a poor response to the first dose taken and a misunderstanding of the nature of this medication and potential benefits.

Ms. Pasqua and her husband are no longer engaged in any form of couples counseling, which remains in need at this juncture. A number of recommendations are provided below to address the difficult situation faced by Ms. Pasqua at this time.

**RECOMMENDATIONS:**

**Attendant Care:**

Ms. Pasqua does not at this time present with any Attendant Care Needs. A Form 1 has thus not been submitted in conjunction with this assessment report.

**Housekeeping:**

While Ms. Pasqua is physically able to engage in housekeeping activities, her mental health has severely impacted her ability to engage in pre-accident housekeeping tasks as a result of lack of motivation, low energy levels and severe anxiety. She would at this time benefit from 6 hours per week of housekeeping assistance to help manage the housekeeping functions she is no longer performing.

**Assistive Devices:**

There are no assistive devices currently indicated to foster Ms. Pasqua’s functional recovery at this time.

**Further Occupational Therapy Interventions:**

Ms. Pasqua would benefit from the provision of ongoing OT treatment with support of a Rehabilitation Assistant (RA) to foster improvements in Ms. Pasqua’s daily function. An OCF18 for the provision of 10 OT treatment sessions delivered on a weekly to bi-weekly frequency will be submitted to the insurer for consideration. Introduction of an RA will follow once Ms. Pasqua has achieved a degree of stabilization in her anxiety levels through adjustments to her medication regimen (discussed below).

**Referral for Other Services:**

Ms. Pasqua would strongly benefit from engagement in physical activity to address her level of deconditioning and foster improvements in her levels of debilitating anxiety. This therapist would recommend that Ms. Pasqua be provided with access to a Peloton membership to allow her to engage in scheduled Yoga classes which she could perform from her home. An OCF18 for a one-year membership will be submitted to the insurer for consideration.

Furthermore, this therapist will attend an appointment with Ms. Pasqua and her family physician, Dr. Seid, in order to review the current medical management approach and discuss reticence to the use of antipsychotic medication which has been prescribed, but which Ms. Pasqua feels uncomfortable utilizing as part of her symptom management strategies.

**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 Mr. Frank McNally.
* The purpose of this assessment is to assess Mr. Pasqua’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.
* Ms. Pasqua 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):
* Jevco Insurance c/o Ian Christie, Accident Benefits Adjuster
* McNally Gervan, c/o Frank McNally, Legal Representative

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

**DOCUMENTATION REVIEWED:**

The following documents were reviewed prior to completing this In-Home Assessment, provided to this therapist by Ms. Pasqua’s legal representative:

* IME: Psychology Assessment Report completed by Dr. G. Gerber dated February 7, 2020 re: OCF-18 of Dr. N. Rossy
* Psychological Assessment Report completed by Dr. K. Payne dated September 11, 2019
* Psychological Assessment - Addendum Report completed by Dr. K. Payne dated September 27, 2019
* Psychological Progress Report dated October 5, 2020

**PRE-ACCIDENT MEDICAL HISTORY:**

Ms. Pasqua’s past medical history is unremarkable with the exception of a short course of mental health issues relating to an abusive relationship which ultimately led to the conviction of her ex-partner. She was in contact with women’s services as well as a recipient of prescription medication to address the mental health difficulties she developed during and following this difficult situation. Ms. Pasqua notes that she remained employed throughout that period of time and has otherwise been in good health. She denies the presence of any other medical issues which could impact her course of recovery in relation to her current mental health struggles.

**COURSE OF EVENTS:**

On August 8, 2016, Ms. Pasqua’s husband experienced his first MVA. At the time, Ms. Pasqua noted that she worked at Chatters as a sales associate, in the process of being trained to become a sales manager. She notes that this first accident happened during her training period. She describes an incident following her husband’s accident where he came into the shop and got upset with her manager. There was a significant verbal altercation and Ms. Pasqua was subsequently let go from her position.

She returned to school following this episode at West-end Academy where she completed a Medical Aesthetician certificate (where she graduated with honors). She started working in this field in July of 2017. Her husband had a second MVA during her exams in April or May of that year. She started a job a few weeks after but only worked for a short period of time (3 months). She began deteriorating psychologically and eventually found herself unable to drive herself to work as a result of intense anxiety. She began experiencing anxiety when interacting with the public and this had a huge impact on her ability to do her job properly. She was let go as a result.

Her friend was a manager at Terra 20 and provided Ms. Pasqua with a job, working in the makeup and skin care department. She worked there less than 4 months and went on maternity leave. Her husband was reportedly driving her to and from work everyday. She returned to work after her child turned 1 year of age.

She started working at Skins Dermacare afterwards performing aesthetician work. This was around May of 2019. She started driving again at that time with significant difficulty. She was anxious and arguing with her husband about getting to and from work, but she persisted despite significant anxiety. She experienced profuse sweating, stuttering and severe anxiety. She would “mess up on files.” She noted this was her dream job and she tried to “push through the anxiety.” The workplace was only a few minutes away from her home and despite this, she struggled to drive to work. She and her husband would fight in the morning for 1 – 2 hours over this issue. She had one episode where she put the car in drive instead of reverse and had a serious panic attack. She called into work and was told to take some time off. She was let go two weeks later, within the three month probationary period.

She started medication but was having severe mood swings. She found out she was pregnant and stopped medication. She recalls a very difficult pregnancy from an emotional perspective. She felt completely defeated. She recalls having a significant emotional distancing from her husband during that time. “We drifted apart”.

She notes a significant amount of fighting leading to couple’s therapy with Suzanne Duc, psychotherapist. She describes a pattern of her husband “exploding” and subsequently “shutting down” She stays on the couch, does not get dressed in day clothes, does not shower, or brush her teeth.

Over the last year, Ms. Pasqua experienced a short period of improvements in her symptoms which was unfortunately short-lived. She experienced struggles with her familial relationships, leading to a deterioration of her support network (namely her mother and sister). She notes that recurring conflicts between her family and her husband have made it impossible for her to maintain the rapport she historically had with her immediate family, compounding her levels of anxiety and ultimately, her degree of social isolation. Ms. Pasqua has decompensated emotionally to a degree where she has completely interrupted any form of socialization, with the exception of intermittent contacts with one friend, whom she will see on rare occasions. Her husband has taken over the management of most aspects of running the household, noting that his mother will travel from Turkey to live with them for periods of up to one month to provide some respite.

Ms. Pasqua and her husband are no longer involved in marital counseling due to an interruption of funding through her insurer. She notes that her marital relationship continues to deteriorate with the couple often sleeping in separate beds following repeated episodes of escalating conflict over various household issues. Ms. Pasqua attempted to attend the school on the first day in September to meet with the teacher and see her son off to class; however this was a highly negative experience where she was met with some degree of criticism from the teacher over a misunderstanding of procedures. Ms. Pasqua experienced a high degree of emotionality over the exchange with the teacher, which reportedly occurred in front of other parents, leading to a complete interruption of her attendance at the school for any meetings or functions, which has thus been relegated to her husband Sam. This inability to partake in traditional schooling involvement on her part has led to a further deterioration of her confidence, self-esteem and further compounded the negative dynamics between she and her husband.

**NATURE OF INJURY:**

Based on a review of available medical documentation, Ms. Pasqua presents with the following diagnosis:

* Major Depressive Disorder, Single Episode, Moderate, with anxious distress

**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. Charinet Seid, GP | Has not seen her GP in some time. Does not recall the date of last appointment, “sometime last year.” | Prescription of antipsychotic medication provided. | An appointment with Dr. Seid will be attended by this therapist to discuss current medical management and address client misconceptions relating to the use of antipsychotic medications. |

Ms. Pasqua noted that she has not been involved in any form of psychological counseling (neither individual or in a couples therapy setting) for quite some time. She has reportedly been referred to the Royal Ottawa Hospital’s Mood Disorder Clinic however was reticent to attend this facility due to concerns that this was “where crazy people go”. She was provided with psychoeducation on the nature of this hospital and the various populations it serves, demystifying the relationship between her attending an appointment there and being labeled as she described. Dr. Seid alternatively referred Ms. Pasqua to another facility (she does not recall the name) over 13 months ago. However, an appointment has not yet been provided for an initial consultation. A meeting with Dr. Seid to be attended by this therapist will serve to provide clarity on the status of this referral, and possibly for an urgent referral for psychiatric consultation for the purpose of completing a medication review.

Ms. Pasqua is at this time in need of a multidisciplinary treatment program to address the complexity of her situation and provide multi-modal interventions geared at reducing her anxiety and building on improved function in and out of her home.

**MEDICATION:**

| **Medication Name** | **Dosage/Frequency** | **Purpose** |
| --- | --- | --- |
| Pristiq | 100 mg daily | Antidepressant |
| Seroquel (Quetiapine) | 25 mg daily | Antipsychotic (not taken due to sedative effect noted when first attempted). |

**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** |
| --- | --- | --- |
| Physical effects of intense anxiety | Ms. Pasqua describes a cluster of symptoms which are related to her anxious distress and include profuse sweating, chills, constipation, heart racing, headaches and shallow breathing. | N/A |
| Deconditioning | Ms. Pasqua notes a high degree of deconditioning evident when she exerts herself. She notes for example being winded after climbing stairs or when engaged in physical play with her children. | N/A |

**Cognitive Symptoms:**

Ms. Pasqua endorsed an array of cognitive symptoms which she notes experiencing at all times and which have had a substantial impact on her daily function. She reported the following cognitive symptoms at the time of this assessment:

* Reduced attention and concentration
  + Mind wandering from task at hand.
  + Making errors while engaged in tasks she used to perform without difficulty.
  + Missing parts of conversations, requiring that people repeat themselves.
  + Inability to multitask.
  + Easily distracted, gets overwhelmed with a busy household .
* Impaired memory and fact retention
  + Unable to follow written text, loses track of what she reads and must start over. repeatedly leading to an interruption of reading as an outlet.
  + Forgetfulness.
  + Confusion during conversations leading to arguments borne in misunderstanding of what was said.
  + Missing appointments.
  + Misplacing items in her home and unable to recall what she was looking for while perusing. This leads to a heightened sense of frustration.
* Executive dysfunction
  + Unable to plan complex tasks such as meals.
  + Indecisiveness.
  + Emotional lability secondary to poor impulse control.
  + Lack of initiative, stuck in “analysis paralysis”, will go in circles in her mind and be unable to resolve even simple issues. Relies on her husband for anything requiring decision-making.
* Lower processing speed
  + Missing social cues leading to conflict and resulting in social isolation.
  + Requires more time to make decisions.
  + Feels overwhelmed by a lot of input at the same time, resulting in difficulties interacting with her children.
  + Difficulty following instructions.

**Emotional Symptoms:**

Ms. Pasqua noted that she is struggling emotionally and endorsed the following emotional symptoms:

* “I feel sad all the time.”
* Crying at situations which would normally not bother her.
* Lack of motivation to do anything. This leads to periods of intense guilt over her inability to parent to the standard she would normally expect of herself. She relies on screen-based activities, such as shows, to occupy her children, compounding her sense of worthlessness.
* Loss of libido.
* Suicidal thoughts.
* Avoidance behaviours permeating all social contacts including with this therapist, where repeat attempts to meet were canceled at the last minute by Ms. Pasqua for a variety of reasons. She notes that ultimately, her anxiety gets the best of her and she feels compelled to cancel appointments as her anticipatory anxiety escalates.
* Feels tired “all the time.”
* Feeling secluded from the world and unable to engage with friends and family.
* “I am an irresponsible mother.”
* Explosive temper episodes where she will lash-out at her husband and family. She notes her mother having written her a letter noting that she can no longer handle her emotional abuse and outbursts.
* Loss of appetite, grazes throughout the day but has no desire to eat a full meal.
* Fear of going out in public. Getting her kids from the bus across the street from her home is completed in a state of panic where she will run across the street, “towing my kids to get the hell back inside.”

The severity of Ms. Pasqua’s emotional symptoms underscores the need for a multidisciplinary intervention approach which has been lacking throughout her recovery period.

**Symptom Management Strategies:**

Ms. Pasqua noted that she does not have any effective strategies to manage her anxiety and depressive symptoms. She relies on avoidance strategies to limit the amount of stimuli she is exposed to which has had a resultant effect of increasing her emotional symptoms through increased guilt compounded by criticism of her poor function by people in her surroundings.

During this assessment, this therapist introduced a diaphragmatic breathing exercise which was completed with Ms. Pasqua over a ten-minute period. This was done to demonstrate the effects of such strategies in managing heightened anxiety symptoms in the moment.

Ms. Pasqua was asked to rate her anxiety levels at the start and end of this exercise, which demonstrated her ability to reduce anxiety feelings by an order of 20% with a short period of strategic breathing patterns. Ms. Pasqua was overwhelmed by the effectiveness of this simple strategy which underscores the importance of introducing a psychoeducational approach in tandem with CBT strategies moving forward to equip her with an array of tools she can deploy as-needed while increase in function is being targeted through a Functional Reactivation Program.

**FUNCTIONAL AND BEHAVIOURAL OBSERVATIONS:**

**Tolerances, Mobility and Transfers:**

| **Activity** | **Client Report and Therapist Observations** |
| --- | --- |
| Sitting and repositioning | Ms. Pasqua does not present any issues with respect to sitting and repositioning. She will spend much of her days sitting on the living room sofa staring at the television. |
| Bed mobility | Ms. Pasqua noted no issues with bed mobility. She notes that she will often sleep in a separate bed from her husband following periods of conflict which is recurring steadily on a daily/weekly basis. |
| Transfers | Ms. Pasqua does not present any issues with her transfers. She remains independent in the management of all transfers (chair, sofa, bed, toilet and bathtub/shower). |
| Standing | Ms. Pasqua does not report any issues with her standing tolerance. She noted that due to her limited levels of activity, she does not tend to spend much time standing in her home environment. |
| Balance | Ms. Pasqua does not report any issues with balance. |
| Walking | Ms. Pasqua noted that she does not walk for any significant distance as part of her day to day activities. She is able to walk without issues in her home environment and is able to walk across the street to pick up her children from the bus however this only occurs when her husband is tied-up with work and unable to do so. |
| Stairs | Ms. Pasqua demonstrated her ability to manage stairs without difficulty. She did however become winded after climbing one flight of stairs, as a result of general deconditioning which has set-in as a result of her limited activity levels. |
| Lifting/Carrying | Ms Pasqua noted that she is able to lift and carry loads without difficulty, however, does not do so regularly due to her highly sedentary lifestyle at the present time. Her husband is currently managing any lifting requirements such as groceries, recycling and garbage. |
| Kneeling | Ms. Pasqua does not present with any issues adopting and maintaining a kneeling posture. |
| Squatting/Crouching | Ms. Pasqua demonstrated her ability to squat/crouch without difficulty. She was noted to strain in getting back to a standing posture, resultant from the significant deconditioning she has experienced. |
| Bending | Ms. Pasqua presented no issues with forward bending. She is able to bend to below her knees and reach her lower body when sitting. |
| Reaching | Ms. Pasqua does not present any issues with reaching. |
| Fine Motor Coordination | Ms. Pasqua does not present with any fine motor coordination issues. |
| Driving | Ms. Pasqua has been unable to drive and relies on her husband to access the community in the limited manner she is currently doing so. Attempts at driving desensitization were made in the Spring of 2023 with this therapist however this was short-lived and largely unsuccessful as Ms. Pasqua experienced a severe panic attack in both instances where driving was attempted. A return to driving will be introduced as part of ongoing OT treatment delivery. |

**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. Pasqua’s emotional presentation was marked by a heightened anxious state combined with a flat affect. She was found to engage well with this therapist whilst being despondent in relation to her overall situation. She was observed interacting with her husband through the discussions held surrounding her current level of function, and being at times defensive towards statements made in relation to her limited engagement within the household. She was found to persist on verbiage misunderstandings as her husband attempted to share his views on how her impairments affected her ability to complete the most menial of tasks (such as getting her children off the bus, going out for errands, parenting her children and the lack of engagement she demonstrates in all aspects of her daily life).

This therapist will share his heightened concerns regarding Ms. Pasqua’s emotional wellbeing at this time as he has noted a start decline in her global level of function in contrast with her 2023 presentation, leading to the month of May when this therapist interrupted care provision due to medical issues which persisted throughout the summer and fall. Ms. Pasqua’s persistent decline in function, debilitating anxiety levels and lack of implementation of past strategies (meditation, exercise, performance of household tasks) had led to seeking a joint meeting with her GP, Dr. Seid, in order to discuss strategies, referrals and medication to provide Ms. Pasqua with some relief from her symptoms.

**Cognitive Presentation:**

Ms. Pasqua’s cognitive presentation was consistent with the issues she reported experiencing, noted earlier in this report. She was found unable to recall dates of last contacts with treatment providers, names of facilities where she was referred by her GP, and a generally slowed cognitive processing speed. She was reliant on her husband Sam to provide details relating to events which transpired in the past six months and was unable to recall names and dosages of medication prescribed (requiring that she seek her medication bottles to provide prescription details). She was observed to display persistence and rigidity of thought, which was challenged by this therapist on a few instances during the assessment. For example, she noted being highly frustrated with her husband sharing that she had an impairment with the school, explaining her reaction to the events of the first day of school when she was confronted by the teacher over her misunderstanding of school protocols. She persisted in her thinking that this meant she was “impaired” by drugs or alcohol, until corrected by this therapist on the meaning of the word. Ms. Pasqua appeared confused and later agreed that this was an error on her end, apologizing to her husband for the drawn-out conflict this statement generated amongst the couple. Problem solving of basic issues was met with a blank stare, where Ms. Pasqua appeared unable to offer any practical solutions to recurring household management issues. Overall, Ms. Pasqua presents with a degree of cognitive impairment largely consistent with what was documented earlier in this report.

**TYPICAL DAY:**

Ms. Pasqua noted that she no longer has any form of daily routine, beyond the need to get up in the morning with her husband to manage the children and see her oldest son off to school. She no longer engages in any meaningful contributions to the operation of the household, spending much of her days sitting in front of the television, staring at the screen and “zoning out” for hours at a time. She noted that her husband’s mother has made a number of comments relating to her lack of engagement with her family and her avoidance of leaving the home unless being pressed to do so. This has become a steady source of conflict with her husband, who has been required to take over much of the household management, childcare and income generation. Ms. Pasqua indicated that she will nap intermittently throughout the day and indicated that she will go to bed at varying times, often in a separate bed from her husband.

The lack of any form of meaningful activity in her daily flow has been noted by this therapist and is an area of treatment to be explored. Ms. Pasqua is in need of professional support to restore some degree of routine to her days and this will remain a focal point of care moving forward in OT treatment delivery.

**ENVIRONMENTAL ASSESSMENT:**

| **TYPE OF**  **DWELLING** | Two-story detached | | |
| --- | --- | --- | --- |
| **ROOMS** | **Qty** | **LOCATION/DESCRIPTION** | **FLOOR COVERING** |
| Bedrooms | 3 | Second floor | Laminate |
| Bathrooms | 3 | Two full on second one powder on main | Vinyl and tile |
| Living Room | 1 | Main floor | Laminate |
| Family Room | 0 | Main floor | Carpet |
| Dining Room | 1 | Main floor | Laminate |
| Kitchen | 1 | Main floor | Carpet |
| Laundry |  | Main floor | Carpet |
| Stairs | Yes | Steps leading to the second floor and basement of the home. | Carpet |
| Basement | Yes | Finished with gym | N/A |
| Driveway  Description | Double car | | |
| Yard  description | Yard presents with decking and landscaping throughout with an in-ground pool. | | |

**LIVING ARRANGEMENTS/SOCIAL STATUS:**

| **Marital Status** | Married **X**  Single ☐ Common Law ☐ Other ☐ |
| --- | --- |
| **Living Arrangement** | Lives with her husband and two young children (one in school and the other a toddler) |
| **Children** | Two children (ages 3 and 5 years) |

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

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

Ms. Pasqua noted that she had no issues managing her self-care prior to the subject motor vehicle accident. She describes a high level of pride in her appearance, engaging in daily showering and grooming. She would always dress in day clothes whether she left the home or not. She would also spend time applying make-up and styling her hair, especially when working or going out with her husband or friends.

At the time of this assessment, Ms. Pasqua has reverted back to her past patterns of self-neglect, resultant from her depressive state and high anxiety levels. She no longer showers regularly and will go several days without doing so, often neglecting basic tasks such as brushing her teeth. She no longer spends much time on maintaining her pre-accident appearance, compounding her hesitancy to leave the home. She will neglect food intake as she has no appetite and will generally eat small amounts of food in a grazing fashion. Ms. Pasqua indicated that it is not uncommon for her to wear the same clothes for several days which is in stark contrast with her pre-accident lifestyle.

**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 – Ms. Pasqua managed meal preparation independently. She noted that her Italian heritage led her to place a high level of priority on cooking meals from scratch and rarely making use of processed foods. | A - Ms. Pasqua indicated that her interest and desire to cook meals for her family has completely dissipated. She rarely does any form of cooking, relying on her husband to prepare many of the family meals. When she does cook, she will heat processed food items such as hot dogs, chicken nuggets, frozen pizza, etc., which has been a source of significant guilt, compounding her precarious mental health. |
| Dishwashing | I – Ms. Pasqua was able to manage daily dishwashing without difficulty. She notes that there rarely were dishes in the sink and would clean-up during and after meal preparation, leaving her kitchen in a constant state of upkeep. | A - At the time of this assessment, Ms. Pasqua noted that she will engage in dishwashing when “it gets out of hand”, generally in a state of anger following conflict with her husband at the state of the kitchen. This therapist observed the kitchen counter being full of dirty dishes from the past days as she had not been able to clean them prior to this therapist’s arrival. |
| Groceries/errands | I – Ms. Pasqua did not report any difficulties accessing the community to obtain groceries or run errands. She was independent in this regard. | U - Ms. Pasqua is no longer engaging in any form of independent grocery shopping at this time. She indicated that she will argue incessantly with her husband over attending the grocery store, which is a highly taxing chore for either of them to complete. They will often order food through online services and curbside pickup, however this causes issues with items not being selected as they would prefer or having substitutions made by grocery store staff. This remains a significant issue with her husband which fuels many of their arguments. |
| Bathroom cleaning | I – Ms. Pasqua was able to maintain the bathroom environments independently. She would keep her bathroom clean at all times and noted that this was her responsibility to upkeep. | U - Ms. Pasqua noted that she no longer engages in bathroom cleaning. She will rely on her husband or his mother (when she visits) to maintain the bathroom environments. She does not engage in bathroom cleaning tasks due to lack of motivation and generalized anxiety which paralyzes her from routine activity. |
| Making/changing beds | I – Ms. Pasqua reported being independent in the changing of her bed linen on a regular basis as well as making her bed daily. | U - Ms. Pasqua noted that she no longer makes her bed and relies on her husband to change the bed linens which occurs only when “it gets bad.” |
| Vacuuming | I – Ms. Pasqua would use a vacuum cleaner to maintain her living environment. She would vacuum at least weekly and spot-vacuum high traffic areas of her home regularly, as-needed. | U - Ms. Pasqua no longer engages in any form of vacuuming. Her husband has acquired a robotic vacuum cleaner to manage the main floor of the home however this tool does not allow for maintenance of the floor surfaces to the desired level of cleanliness. |
| Sweeping | I – Ms. Pasqua reported that she would sweep on a daily basis and was able to pick up piles using a regular dustpan. | U - Ms. Pasqua rarely engages in sweeping of floor surfaces, relying on her husband to spot-sweep messes caused by the children or after meals around the kitchen table or living room. |
| Mopping | I – Ms. Pasqua was able to mop her floors on a weekly basis as part of the regular upkeep of her home. | U - Ms. Pasqua no longer makes use of a mop and does not engage in any form of floor cleaning at this time. Her husband has acquired a second robotic floor cleaning device which will spray the floors with a solution and provide a limited degree of floor care upkeep. However, she notes this device to be highly inefficient and generally an added burden to walk around or maintain. |
| Dusting | I – Ms. Pasqua reported no difficulties with dusting pre-accident. She would dust surfaces regularly, as-required. | U - Ms. Pasqua no longer engages in any form of dusting at the time of this assessment. |
| Tidying | I – Ms. Pasqua reported no difficulty with tidying her living environment pre-accident. | A - Ms. Pasqua no longer engages in any form of self-motivated tidying at the time of this assessment. She notes heightened anxiety when anyone is coming to her home leading to sporadic tidying of the main living space of her home prior to visitors’ arrival. All other areas of the home are in a state of disarray, with clutter on most surfaces and a state of general untidiness resultant from sustained periods of neglect. |
| Laundry | I – Ms. Pasqua managed all the laundry without difficulty pre-accident. She would wash both her and her husband’s clothing regularly, fold and put items away. She would launder bed linen weekly. | A - Ms. Pasqua noted that she manages laundry with significant difficulty, typically following conflict with her husband at the lack of clean clothing. She will complete laundry under duress and will not fold or put laundered items away. Clothing is generally left in baskets from which they will pick clothing to wear for the day. |
| Garbage Removal/Recycling | N/A - Ms. Pasqua’s husband managed all garbage removal and recycling pre-accident. | N/A |

| **Outdoor Tasks** | **Pre-accident Engagement** | **Current Engagement** |
| --- | --- | --- |
| Lawn Care | N/A - Ms. Pasqua was not primarily responsible for lawn care pre-accident. | N/A |
| Gardening | N/A - Ms. Pasqua did not garden pre-accident. | N/A |
| Snow Removal | N/A - Ms. Pasqua was not required to complete snow removal pre-accident. | N/A |

**Caregiving Activities:**

Ms. Pasqua is the primary caregiver for her two young children and would have been expected to maintain core engagement in all caregiving functions. As a result of significant mental health struggles and a state of debilitating anxiety, she notes struggling to manage her children on her own and relies on her husband to provide support and is dependent on him for any child-rearing activities outside of the family home (schooling, appointments). Ms. Pasqua noted that she finds it difficult to engage in play activities with her children and will rely on screen-based activities (video games, tv shows, movies) to occupy them while she supervises from a distance. Ms. Pasqua noted that she experiences immense guilt at her parenting and this is another factor impacting her precarious mental health.

**Vocational Activities:**

| **Pre-accident Employment Status** | Employed full-time |
| --- | --- |
| Employer | Chatters |
| Job Title/Duties | Sales Associate, in training to become Manager |
| Hours per week | 37.5 |
| Comments | Ms. Pasqua was released from her employment following a verbal altercation between her husband and her manager. |

| **Current Employment Status** | Not employed |
| --- | --- |
| Comments | Ms. Pasqua has been unable to sustain any form of gainful employment since the subject motor vehicle accident. |

**Leisure Activities:**

Prior to the subject motor vehicle accident, Ms. Pasqua noted that she participated in the following leisure activities:

* Gym two to three times weekly
* Shopping
* Hanging-out with friends
* Walking her dog

At the time of this assessment, Ms. Pasqua has not resumed engagement in any of her pre-accident leisure activities. She notes that she made attempts in the winter and spring of 2023 to access the gym in her basement to engage in some physical activity; however she has since lost the motivation and interest to do so. The introduction of exercise and meaningful activity will become a cornerstone of ongoing OT treatment delivery.

**Community Access:**

Ms. Pasqua, as a result of debilitating anxiety and lack of motivation and initiative relating to her depressive state, has been isolating in her home and not going out in the community independently. Limiting outings are always performed with her husband present. She struggles to access stores on her own and will be pressed by her husband to do so which ultimately results in an escalation of conflict. Ms. Pasqua notes that even leaving the confines of her home to walk across the street to pick up her child from the school bus dropoff is preceded with severe escalation in her anxiety and generally is prompted by a situation where her husband is tied-up with work tasks and unable to do so. This will again lead to significant conflict with her husband who shared being overwhelmed with the demands of work, house management, childcare and all other activities associated with the school. Fostering activities outside her home without her husband will also become a central part of OT treatment delivery in future treatment sessions with Ms. Pasqua.

**Volunteer Activities:**

Ms. Pasqua was not involved in any volunteer activities prior to the subject motor vehicle accident.

**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)

Cc: McNally Gervan ℅ Mr. Frank McNally

Jevco Insurance ℅ Mr. Ian Christie

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***.***