**OCCUPATIONAL THERAPY**ForensicaLetterheadBottomGraphic

**IN-HOME ASSESSMENT**

| **Client Name:** | Anna Serwin | **Date of Loss:** | 2023-07-05 |
| --- | --- | --- | --- |
| **Address:** | 718-520 St. Laurent Blvd., Ottawa, ON K1K 4N1 | **Date of Birth:** | 1962-03-20 |
| **Telephone #:** | (613) 406-6068 |  |  |
| **Lawyer:** | Paolo D’Asti | **Firm:** | McNally Gervan |
| **Adjuster:** | Sarah Catarino | **Insurer:** | Wawanesa Mutual Insurance Company |
|  |  | **Claim No.:** | 007000001221557 |
| **Therapist:** | Sebastien Ferland OT Reg.(Ont.) | **Date of Assessment:** | March 12 to April 2, 2024 (3 sessions) |
|  |  | **Date of Report:** | May 3, 2024 |

**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. Serwin was referred to Ferland & Associates Rehabilitation Inc. by her physiotherapy clinic, Apollo Physical Therapy Centres, seeking the introduction of Occupational Therapy services to her circle of care. An OCF18 for an In-Home Assessment was completed by this therapist which was approved in full by the insurer. The following report outlines the findings from this assessment, which took place over 3 sessions between March 12 and April 2, 2024.

**SUMMARY OF FINDINGS:**

Before the series of motor vehicle accidents that began in 2007, Ms. Anna Serwin led an active and independent life, significantly different from her current reality. The initial accident in 2007 marked the beginning of ongoing health challenges that profoundly impacted her physical and psychological well-being. Subsequent accidents, occuring in 2022 and 2023, further compounded these difficulties, exacerbating her pre-existing injuries and conditions.

Ms. Serwin's current state is characterized by severe physical injuries, including whiplash, cervical and lumbar sprains, and strains that considerably restrict her mobility and daily functioning. These physical issues are accompanied by persistent, debilitating pain that affects nearly every aspect of her life. This chronic pain not only presents a physical challenge but also aggravates her psychological distress, intensifying her struggles with depression and anxiety—conditions that have been noted since her first major accident.

Her daily routine now involves a slow and painstaking start to the day, extended morning activities, and limited engagement in tasks that were previously routine. Simple activities such as grooming, meal preparation, and participating in community functions now require significant effort and adaptation. Notably, Ms. Serwin was rehoused by Ottawa Housing into an accessible unit designed to accommodate her mobility needs. This transition has provided her with necessary structural supports, such as grab bars and a roll-in shower, which are essential for her daily living.

Ms. Serwin's social interactions and contributions to the community have significantly decreased due to her physical and emotional challenges. The limitations imposed by her condition have curtailed her ability to engage in previously enjoyed social activities and maintain active volunteer roles, leading to a reduction in social interactions and increased isolation.

In summary, the succession of motor vehicle accidents has transformed Ms. Serwin from an independent and socially active individual into someone who now navigates a life dominated by medical appointments, chronic pain management, and significant lifestyle adaptations. Despite these challenges, occupational therapy and other medical interventions continue to play a crucial role in managing her conditions and striving to enhance her quality of life, aiming to restore some degree of functionality and independence.

**RECOMMENDATIONS:**

**Attendant Care:**

Ms. Serwin does not require any Attendant Care at this time. She remains independent with her core self-care functions. This will be monitored and a Form 1 submission will be considered should her condition change.

**Housekeeping:**

While she is able to putter and tidy her environment through paced completion of light tasks throughout the day, she remains unable to manage heavier tasks such as obtaining cases of water from Costco and deep cleaning her apartment regularly. She relies on assistance for an estimated 2 hours per week to manage these tasks she is unable to manage at this time.

**Assistive Devices:**

Ms. Serwin would benefit from the provision of an adjustable bed and replacement mattress to provide a more supportive lying surface as well as the ability to lift her legs and recline to engage in a zero-gravity posture. A visit to a local Mattress Mart led to the identification of a mattress she found comfortable and which met the necessary support needs. An OCF18 for this bed will be submitted to the insurer for consideration.

**Further Occupational Therapy Interventions:**

Ms. Serwin would benefit from ongoing access to Occupational Therapy treatment in order to provide her with ongoing support and guidance as she attempts to increase her level of function and resume participation in activities she once enjoyed. An OCF18 for the provision of 6 OT treatment sessions will be submitted to the insurer for consideration.

**Referral for Other Services:**

There are no additional services currently indicated from an OT perspective.

**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 was sought by Ms. Serwin through a referral obtained from her physiotherapist.
* The purpose of this assessment is to assess Ms. Serwin’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. Serwin 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):
* Wawanesa Mutual Insurance Company c/o Sarah Catarino, Accident Benefits Adjuster
* McNally Gervan, c/o Paolo D’Asti, Legal Representative

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

**DOCUMENTATION REVIEWED:**

The following documentation was obtained by this therapist at the time of referral from Apollo Physical Therapy Centre:

* Apollo Physical Therapy Case Profile
* OCF18 completed by Elizabeth Langfried, Physiotherapist with Apollo Physical Therapy Centre

In the OCF18 submitted by Apollo Physical Therapy, the following additional details were provided to contextualize Ms. Serwin’s current status in relation to the injuries sustained in the subject motor vehicle accident:

“*MARCH 8, 2024*

*Subjective:*

*Anna reports that she had another car accident on March 4, 2024.*

*Her previous pain worsened due to the impact on the neck PNRS 6/10, upper back PNRS 6/10, mid back PNRS 7/10, right arm PNRS 7/10, and lower back PNRS 8/10.*

*She feels numbness on the right arm.*

*Tenderness: TOP Grade 2 neck, upper back, midback, right arm, and low back.*

*Stiffness: suboccipital, scalene, lev scap, Trapezius, pectoralis, hip flexors, IT band, hamstrings, calf muscles*

*Objective:*

*Trigger points: suboccipitalis, lev scap, Trapezius, SI joint*

*ROM: LOM on AROM in C/S all movements 3/4*

*LOM on AROM in L/S flexion, ext and rotations 1/2*

*LOM Right Shoulder and, flexion and ER 3/4*

*LOM right wrist flexion and ext 3/4*

*AROM elbow WNL*

*AROM Knees and ankle WNL.*

*MMT:*

*UE was grossly graded 3/5*

*LE was grossly graded 3/5*

*Special Tests (Ortho/ Neuro)*

*Empty Can test positive - right shoulder*

*90-90 test positive*

*Assessment:*

*WAD 3, Cervical strain/sprain, Right Shoulder blade sprain/strain, Degeneration of lumbar area L3 -S1, L5-S1 disc narrowing, Lumbar sprain/strain. DVT.*

*Plan:*

*Physiotherapy treatment with a focus on exercises as well as HEP to address pain and improve strength, ROM, in the neck, upper back, mid back, low back. As well as to improve balance and gait. In addition to exercises, treatment will consist of education, deep tissue massage, joint mobilizations, and modalities to aid in the recovery and management of pain. Implement strategies to improve compliance with HEP including re-iterating importance of exercises to decrease pain, modifications if busy schedule, providing information sheets and performing HEP in clinic to ensure proper form. Patient is hoping and expecting to start the active rehab program with and will require coordination between the physiotherapist and other health care providers involved in patient care to ensure that his exercise program will help him achieve his goals. I am recommending that this patient attend the clinic 2x/week.”*

**PRE-ACCIDENT MEDICAL HISTORY:**

Prior to the most recent accident on March 3, 2024, Anna Serwin had a significant medical history marked by multiple motor vehicle accidents. Notably, she was involved in accidents in 2007, 2022, and 2023, with the 2007 incident being severe enough to warrant a Catastrophic Accident Designation. Since the 2007 accident, Ms. Serwin has not been able to return to work, underscoring the severe impact of these incidents on her health and functionality.

Medical complications following these accidents have included chronic leg and lower back pain, as well as the development of blood clots in her legs, for which she has been prescribed warfarin, a blood thinner. Additionally, Ms. Serwin has struggled with psychological impacts, including depression and anxiety, which have been exacerbated by her physical ailments and the ongoing difficulties with her insurance coverage.

Her health challenges have necessitated numerous medical interventions over the years, including regular physical therapy, use of various pain management strategies, and modifications to her living environment to accommodate her reduced mobility. Despite these measures, Ms. Serwin's condition has required continuous management, highlighting a pre-existing vulnerability to significant injury and prolonged recovery periods.

**MECHANISM OF INJURY:**

On March 3, 2024, Ms. Serwin Serwin was involved in a motor vehicle accident while she was in the process of running errands to pick up medications and groceries. She was driving south on St-Laurent and was stationary at a red light when her vehicle was struck from behind by another car traveling at approximately 35 kilometers per hour. The impact was significant enough to warrant the suggestion of an ambulance at the scene, although Ms. Serwin declined this assistance at the time. She did, however, seek medical attention the following day, which included an appointment with her general practitioner and subsequent x-rays. This incident is the latest in a series of motor vehicle accidents she has experienced, with previous accidents noted in 2007 (which led to a catastrophic accident designation), 2022, and 2023.

**NATURE OF INJURY:**

Based on an interview with Ms. Serwin and a review of available medical records, She sustained the following injuries as a result of the subject motor vehicle accident:

Based on the OCF18 submitted by Apollo Physical Therapy Centre, Ms. Serwin's injuries sustained from the motor vehicle accident, along with their respective ICD-10-CA codes include:

1. Whiplash Associated Disorder (WAD) Grade III - Includes complaint of neck pain with neurological signs (Code: S13.4)
2. Sprain and Strain of Cervical Spine (Code: S13.4)
3. Sprain and Strain of Other and Unspecified Parts of Shoulder Girdle (Code: S43.7)
4. Sprain and Strain of Lumbar Spine (Code: S33.5)
5. Sprain and Strain of Shoulder Joint (Code: S43.4)
6. Headache (Code: R51)
7. Post-Concussional Syndrome (Code: F07.2)

**COURSE OF RECOVERY TO DATE:**

Following her accident on March 3, 2024, Anna Serwin has undergone a detailed and multi-faceted treatment regimen to address the complex array of injuries sustained. Initial medical attention was sought the day after the accident, where Ms. Serwin was evaluated and diagnosed with various injuries including severe whiplash, sprains and strains across multiple areas of her spine and shoulder, and post-concussional symptoms.

In response to these diagnoses, Ms. Serwin has been engaged in a structured physical therapy program at Apollo Physical Therapy Centres, under the guidance of Elizabeth Langfried, a licensed physiotherapist. The treatment plan, designed specifically for Ms. Serwin’s recovery, includes spinal stabilization exercises, stretching and strengthening routines, both in-clinic and as part of a home exercise program. Modalities such as ultrasound, heat, ice, TENS, and acupuncture have also been incorporated, along with joint mobilizations and soft tissue release techniques to alleviate pain and improve functional mobility.

Additionally, Ms. Serwin has been receiving deep tissue massage to aid in muscle recovery and reduce stiffness, particularly in the regions most affected by the trauma. Education on pain management and injury recovery, alongside strategies to enhance compliance with home exercises, have been critical components of her ongoing therapy.

Despite these comprehensive interventions, Ms. Serwin's recovery has been challenging. Her progress is regularly monitored through assessments like the Visual Analogue Scale (VAS), Muscle Manual Testing (MMT), and Range of Motion (ROM) evaluations, which have shown gradual improvements. However, the chronicity of her condition, coupled with neurological complications, has led to a slower recovery trajectory than typical for such injuries. This is further complicated by her pre-existing conditions, which have been exacerbated by the recent trauma.

Psychological support has also been a vital part of her treatment plan, addressing the mental and emotional impacts of her injuries and the accident itself. She currently obtains psychological treatments once every two weeks, delivered virtually and in person.

**CURRENT MEDICAL/REHABILITATION TEAM:**

| **Health Professional Name and Specialty** | **Date of Last Appointment/ Frequency of appointments** | **Outcome of Last Appointment** | **Date of Next Appointment** |
| --- | --- | --- | --- |
| Apollo Physical Therapy, PT and RMT | 2 - 3 times per week | Services received | Ongoing |
| Psychotherapy, Anna Araji | Once every two weeks | Counseling provided | Ongoing |
| Dr. Omar Mansour, GP | Once monthly | Review of symptoms and revision of medication prescription. | Ongoing |

**MEDICATION:**

| **Medication Name** | **Dosage/Frequency** | **Purpose** |
| --- | --- | --- |
| Amitriptyline | 15 mg daily | Depression |
| Trazodone | 50 mg at night | Sleep |
| Warfarin | 2.5 mg daily | Blood clot management |
| Extra Strength Tylenol | As-needed | Pain |

**SUBJECTIVE INFORMATION (CLIENT REPORT):**

**Physical Symptoms:**

Pain symptoms are rated on an analog pain scale where 0 = no pain and 10 = intolerable pain*.*

Neck Pain:

Symptoms: Ms. Serwin reports persistent and severe neck pain, which worsens with movement. The pain is accompanied by stiffness and neurological signs such as numbness.

Pain Rating: Initially 6/10, currently fluctuating up to 9/10 on the Pain Numeric Rating Scale (PNRS).

Upper Back Pain:

Symptoms: Pain in the upper back is noted with tenderness and restricted motion. The pain is especially pronounced when performing activities that involve lifting or reaching.

Pain Rating: Consistently reported at 6/10 on the PNRS.

Mid Back Pain:

Symptoms: Ms. Serwin experiences pain in the mid-back region, characterized by a deep, aching sensation that is exacerbated by bending forward or turning.

Pain Rating: Pain severity is noted at 7/10 on the PNRS.

Lower Back Pain:

Symptoms: This includes chronic low back pain with significant functional impairment, affecting her ability to stand for long periods and perform basic household tasks.

Pain Rating: The most severe, with ratings up to 8/10 on the PNRS.

Shoulder Pain:

Symptoms: Ms. Serwin reports pain and limited range of motion in her shoulder, which impacts her ability to lift objects or perform movements that involve the shoulder girdle.

Pain Rating: Pain severity varies but generally remains around 7/10 on the PNRS.

Arm Pain:

Symptoms: Right arm experiences pain, numbness, and a reduction in functional mobility, particularly affecting her wrist and elbow flexion and extension.

Pain Rating: Reported pain levels are at 7/10 on the PNRS.

Headaches:

Symptoms: Frequent headaches, described as intense and debilitating, often accompanied by hypersensitivity to light and blurry vision.

Pain Rating: Headaches vary in intensity but can reach up to 9/10 on the PNRS during severe episodes.

**Cognitive Symptoms:**

Memory Impairment:

Ms. Serwin reports occasional difficulties with memory, particularly with word finding. This symptom manifests as struggling to recall words during conversations, which can be frustrating and impairs her ability to communicate effectively. Although her long-term memory remains largely intact, these lapses in immediate recall contribute to her overall sense of vulnerability and dependency.

Concentration Difficulties:

She has noted a marked decrease in her ability to concentrate. Tasks that she could previously perform with ease now require more effort and time, significantly reducing her productivity and increasing her daily stress levels. This has been particularly evident in tasks that require sustained mental effort, such as reading or managing emails, where her decreased concentration leads to a quick onset of mental fatigue.

Stress and Psychological Impact:

Stress exacerbates all of Ms. Serwin’s symptoms, cognitive and physical alike. The increase in stress not only worsens her pain but also her cognitive load, leading to a vicious cycle where stress precipitates more severe cognitive symptoms, which in turn lead to increased stress. This cycle significantly impairs her problem-solving abilities and decision-making processes, often causing her to avoid tasks or decisions she would have previously managed without issue.

**Emotional Symptoms:**

Since the motor vehicle accident on March 3, 2024, Anna Serwin has been grappling with significant emotional challenges that have complicated her recovery process and impacted her daily life. The traumatic nature of her repeated accidents, combined with her physical injuries, has led to a complex emotional response, characterized by heightened irritability, anxiety, depression, and an overall increase in mental health struggles.

Depression and Mood Fluctuations:

Ms. Serwin has reported feeling persistently low since the accident. Her days are marked by a profound sense of sadness and a lack of interest in activities that she once enjoyed, such as painting and walking. This depressive mood is punctuated by feelings of hopelessness about her recovery, particularly on days when her physical pain is more pronounced. Her depression not only affects her mood and energy levels but also her motivation to adhere to her treatment regimen, which is crucial for her recovery.

Anxiety and Stress:

Heightened anxiety is another significant challenge for Ms. Serwin. She experiences constant worry about her health and future, especially concerning her ability to regain full functionality and manage her daily tasks independently. This anxiety often manifests in physical symptoms such as increased heart rate and tension, exacerbating her existing pain and discomfort. The stress from her medical condition and ongoing legal and insurance issues related to her accidents further fuels her anxiety, creating a persistent state of mental and emotional strain.

Irritability and Anger:

Compounding her depression and anxiety, Ms. Serwin frequently feels irritable. She reports that small frustrations or deviations from her routine can trigger disproportionate responses of anger and annoyance, which she finds distressing and embarrassing. This irritability has strained her interactions with friends and family, making social engagements more stressful and less frequent.

Sleep Disturbances:

The emotional turmoil has severely impacted her sleep quality. Ms. Serwin struggles with both initiating sleep and waking frequently throughout the night, which leaves her feeling exhausted and less able to cope with stress and pain. The lack of restorative sleep not only perpetuates her physical and emotional symptoms but also impairs her cognitive functions, making it harder for her to manage her emotional responses effectively.

**Symptom Management Strategies:**

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

* Rest
* Activity avoidance
* Medication
* Physiotherapy and massage

**FUNCTIONAL AND BEHAVIOURAL OBSERVATIONS:**

**Tolerances, Mobility and Transfers:**

| **Activity** | **Client Report and Therapist Observations** |
| --- | --- |
| Sitting and repositioning | Ms. Serwin reports she can tolerate short periods of sitting as she finds it near impossible to find a comfortable place to sit in her home. She has few options available to her, having only an Adirondack chair with a slim cushion, on which she will sit for short periods daily. **Consideration for a motorized recliner chair is recommended.**  Periods of sitting not exceeding the reported range of a few minutes observed. She alternated frequently from sitting to standing and walking and while seated, frequent postural changes are noted. |
| Bed mobility | Ms. Serwin noted that she is independent with bed mobility. She demonstrated her ability to engage in independent bed mobility such as transfers and repositioning. This therapist noted that her bed is in a state of disrepair and likely the source of increased pain when she is lying supine or on her side due to spinal misalignment noted by thi therapist when reviewing her sleeping surface. **Consideration for a replacement bed is recommended.** |
| Transfers | Ms. Serwin demonstrated her ability to complete **chair** transfers independently. She was observed grimacing while completing transfers. She reported pain during the transfers from the lower chair she predominantly utilizes, referenced above.  Ms. Serwin demonstrated her ability to manage **bed, toilet and shower** transfers independently. Bed transfers were managed independently throughout all touchpoints with Ms. Serwin. She demonstrated independence with toilet transfers but was found to struggle to initiate the recovery to standing. One shower transfer demonstrated by Ms. Serwin. She noted that while she does not make use of a shower chair (and declined suggestion for one), she finds herself feeling safe while using the grab bars installed by her landlord in her accessible Ottawa Housing unit. |
| Standing | She notes being very limited in standing still and always having to “move around”. She indicated that she had to alter her meals to include easier, already-prepared options which she can just warm-up and eat. She can now stand for 5 minutes maximum as opposed to 10 - 15 minutes pre-accident. |
| Balance | Static balance assessed using Four-Stage Balance Test, consisting of holding four different stances for at least 10 seconds each.   * with her feet together * on one foot (right then left) * while in a semi-tandem and, * while tandem stance.   Ms. Serwin was unable to pass the last two of four tests, suggesting significant challenges with static balance. She was observed relying on her can at all times when up from a seated position. |
| Walking | Ms. Serwin noted that she is very limited in her walking tolerance, avoiding all outings as much as possible. She noted that she used to be able to walk around her building on a daily basis as a form of exercise and now is limited to periods of walking of no more than 5 minutes. She reported a slip and fall in the late winter of 2024 which has led to a fear of falling when out in public. |
| Stairs | Stairs were a challenge. Was able to manage them but would avoid them as much as possible. Able to manage three flights maximum.  Not observed as there are no steps in Ms. Serwin’s living environment. |
| Lifting/Carrying | Ms. Serwin is unable to lift or carry loads of any significant magnitude, using only her left hand as she is required to use her cane while mobilizing. She can only handle items of nominal weight value which can be picked-up and carried with one hand. |
| Kneeling | Was able to kneel with some discomfort pre-accident.  She is reporting that she is unable to kneel at this time. |
| Squatting/Crouching | Was able to kneel with some discomfort pre-accident.  She is reporting that she is unable to kneel at this time. |
| Bending | She experiences significant difficulty with forward bending and avoids bending as much as possible. |
| Reaching | Able with pain. |
| Fine Motor Coordination | No significant fine motor issues reported. |

**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 | ¾ range | | Cervical spine ROM limited in all directions and accompanied by reports of significant pain. |
| Lateral flexion | ½ range | ½ range |
| Rotation | ¾ range | ¾ range |
| Extension | ¾ range | |
| **Shoulder** | Flexion | ¾ range | WFL | Right shoulder limited and testing resulted in increased pain experience. |
| Extension | ¾ range | 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 | ¾ range | WFL | Right wrist limited in pronation and supination. |
| Extension | ¾ range | WFL |
| Supination | WFL | WFL |
| Pronation | WFL | WFL |
| **Trunk** | Forward flexion | ½ range | | No identified limitations. |
| 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 | No identified limitations. |
| Extension | WFL | WFL |
| **Ankle** | Dorsiflexion | WFL | WFL | No identified limitations. |
| Plantar flexion | WFL | WFL |

**Emotional Presentation:**

Ms. Serwin’s emotional presentation was generally found to be flat throughout the touchpoints held with this therapist. She did not display any form of emotional lability throughout the assessment, remaining composed at all times. She answered questions factually and did not elaborate beyond answering the questions posed directly and concisely. This therapist was often found to seek additional details as the assessment proceeded, to encourage Ms. Serwin to expand on her responses. She was pleasant and cooperative with the assessment process.

**Cognitive Presentation:**

Like her emotional presentation was generally unremarkable, she also appeared to have preserved gross cognitive function, allowing her to participate in this assessment unassisted. She was observed struggling at times with date recall and also with the sequential order of events which led to more in-depth discussions to clarify certain elements of her narrative. She was generally found to be a good historian.

**TYPICAL DAY:**

Ms. Serwin's day begins early, around 6:00 AM, but she starts slowly due to her health issues. Upon waking, she remains in bed for about 5 to 10 minutes to manage morning dizziness. Once up, she walks to the window for some light exercise and fresh air, which helps her ease into the day.

Her morning routine is lengthy, taking until about 11:00 AM. It involves basic self-care activities such as using the washroom, brushing her teeth, and preparing a light breakfast. Due to her physical limitations, these activities take longer than they previously did.

Post breakfast, Ms. Serwin returns to the washroom to complete her grooming routine and takes a shower, which she finds challenging and time-consuming. She then gets ready for any scheduled appointments or attends to her duties related to condo corporation board meetings. Ms. Serwin needs to leave early for these commitments to accommodate her slower pace.

Throughout the day, Ms. Serwin manages her symptoms as needed. If she experiences a headache, she might lie down for about 15 minutes, although she often finds this position uncomfortable. Despite her physical constraints, Ms. Serwin tries to engage in light activities within her home and, on better days, might step outside for some exercise.

Ms. Serwin's evenings are variable; she might listen to audiobooks to relax. Her bedtime is inconsistent due to poor sleep quality, often waking several times during the night. This irregular sleep pattern affects her overall daily energy levels and the ability to perform even simple tasks.

**ENVIRONMENTAL ASSESSMENT:**

| **TYPE OF DWELLING** | Apartment | | |
| --- | --- | --- | --- |
| **ROOMS** | **Qty** | **LOCATION/DESCRIPTION** | **FLOOR COVERING** |
| Bedrooms | 1 | Main floor | Wood |
| Bathrooms | 1 | Accessible bathroom with roll-in shower, grab bars and shower chair. | Tile |
| Living Room | 1 | Main floor | Wood |
| Family Room | 0 | NA | NA |
| Dining Room | 0 | NA | NA |
| Kitchen | 1 | Main floor galley kitchen | Tile |
| Laundry | 1 | Building facility in basement of building via elevator. | NA |
| Stairs | No | There are no stairs in Ms. Serwin’s apartment. | NA |
| Basement | No | NA | NA |
| Driveway Description | None | | |
| Yard description | None | | |
|  |  | | |

**LIVING ARRANGEMENTS/SOCIAL STATUS:**

| **Marital Status** | Married ☐ Single **X** Common Law ☐ Other ☐ |
| --- | --- |
| **Living Arrangement** | Lives alone in her apartment. She does not own any pets and has minimalistic furnishings. |
| **Children** | None |

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

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

Ms. Serwin maintains a degree of independence in her daily self-care routines, but she requires occasional assistance due to her physical limitations and pain. For basic self-care tasks such as personal hygiene, grooming, and dressing, she manages independently most of the time but does so at a slower pace to accommodate her discomfort and prevent exacerbation of her symptoms.

In terms of nutrition, Ms. Serwin prepares simple meals but has adapted her kitchen to make these tasks more manageable. Since her accidents, she has had to modify her meal preparation techniques, using utensils and appliances that require less physical effort and opting for pre-prepared meal services like Red Apron to reduce the need for extensive cooking.

Ms. Serwin also receives help from friends with tasks that involve heavy lifting or extensive physical exertion, such as bringing in bulk items like cases of water from Costco.

**Home Management Activities:**

Prior to the subject motor vehicle accident, Ms. Serwin was independent in her performance of all home management tasks. She cleaned her apartment independently and managed all aspects of her environment.

Ms. Serwin's ability to manage housekeeping and home maintenance has been significantly affected by her physical limitations and chronic pain. She has adopted several strategies to maintain her living environment in a manageable state while minimizing physical strain.

Cleaning Routine Adjustments:

To accommodate her reduced mobility and pain, Ms. Serwin utilizes lightweight cleaning tools such as swiffer mops, which are easier to handle and require less bending and stretching. For tasks that require more vigorous activity or strength, such as scrubbing the bathroom or vacuuming, she relies on assistance from friends. This support is not only practical but also essential for maintaining a clean and hygienic living environment.

Laundry and Bedding:

Handling heavy laundry baskets and changing bed linens are particularly challenging for Ms. Serwin. She has not changed her bed sheets by herself post-accident due to the difficulty and potential pain involved. Instead, she has arranged for friends to help with these tasks, ensuring that these essential aspects of home maintenance are not neglected.

Meal Preparation and Kitchen Maintenance:

In the kitchen, Ms. Serwin has streamlined her meal preparation process to reduce the physical demands. She uses paper plates occasionally to avoid the need for washing dishes. When cooking, she focuses on simple meals that do not require extensive standing or heavy lifting. Additionally, Ms. Serwin occasionally relies on meal delivery services like Red Apron, which provide prepared meals that only need reheating, significantly reducing her kitchen workload.

Delegated Tasks and Assistance:

For more intensive cleaning tasks, such as deep cleaning or organizing, Ms. Serwin enlists the help of a friend who visits periodically to assist with these activities. This arrangement helps her manage the more labor-intensive aspects of home upkeep without compromising her health.

**Finances/Financial Management:**

Ms. Serwin reported no issues with managing her finances. She noted that she is on a limited income which she draws from ODSP and limits her expenses as much as possible. She lives a modest lifestyle and has maintained her ability to budget and meet her needs.

**Vocational Activities:**

Ms. Serwin was not employed at the time of the subject motor vehicle accident. She noted that she has not worked since 2007 due to the effects of injuries sustained in a motor vehicle accident.

One of Ms. Serwin’s volunteer engagements involved participating in her condo corporation's board meetings. This role allows her to stay engaged with her community and contribute to decision-making processes affecting her living environment. Despite her physical limitations, Ms. Serwin makes a concerted effort to attend these meetings, often planning her day to accommodate the energy and preparations needed to be present. She leaves early for meetings to manage her slower pace and ensure timely arrival, which highlights her dedication and the value she places on this role.

**Leisure Activities:**

Ms. Anna Serwin's leisure activities have undergone significant changes due to the limitations imposed by her injuries from multiple motor vehicle accidents. Prior to these incidents, she engaged in a variety of hobbies that included painting, walking, and participating in community volunteer activities. These activities not only provided her with joy and satisfaction but also a sense of connection with her community and an active social life.

Currently, Ms. Serwin's leisure activities are markedly constrained. Her physical limitations and the chronic pain she experiences have necessitated substantial adjustments to her lifestyle. Walking, once a daily exercise and enjoyment, has been severely curtailed. She now reports being able to walk only for about five minutes at a time due to pain and a fear of falling, a stark contrast to her previous capabilities. This reduction in mobility has not only affected her physical health but also her mental well-being, as it was a primary form of leisure and exercise for her.

Similarly, Ms. Serwin's ability to engage in painting, a hobby she once cherished for its therapeutic and creative outlet, has been halted. The physical demands of setting up, executing, and cleaning up after painting have become prohibitive. Her involvement in volunteer activities, particularly with her condo corporation's board, remains one of the few links to her past engagements, though even this is now more challenging and requires careful planning to accommodate her slower pace and reduced energy levels.

In an effort to adapt, Ms. Serwin has turned to less physically demanding activities. She listens to audiobooks, which allow her to enjoy literature and continue learning without the physical strain of reading. This adaptation is indicative of her efforts to find new ways to engage with her interests within the confines of her physical capabilities.

**Community Access:**

Ms. Serwin remains able to access the community using her vehicle but noted that she limits herself to short distances close to her home. She notes significant struggles with community access when walking due to her limited tolerances. She avoids outings requiring significant ambulation as a result.

**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,



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Sebastien Ferland OT Reg.(Ont)

Cc: McNally Gervan ℅ Paolo D’Asti, legal representative

Wawanesa Insurance ℅ Sarah Catarino

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***.***