**OCCUPATIONAL THERAPY IN-HOME ASSESSMENT**ForensicaLetterheadBottomGraphic

| Client Name: | Veronique Slykhuis | Date of Loss: | August 26, 2023 |
| --- | --- | --- | --- |
| Address: | 4651 Northfield Road, Lunenburg, ON K0C 1R0 | Date of Birth: | September 8, 1973 |
| Telephone #: | 613-363-4511 |  |  |
| Lawyer: | Paul Mooney | Firm: | Badre Law Professional Corporation |
| Adjuster: | Kayla De Wallen | Insurer: | Definity Insurance Company |
|  |  | Claim No.: | 1945485 |
| Therapist: | Sebastien Ferland OT Reg.(Ont.) | Date of Assessment: | October 29, 2024 |
|  |  | Date of Report: | November 1, 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:**

This in-home assessment was conducted to evaluate Ms. Veronique Slykhuis's current functional abilities and limitations following injuries sustained in a motor vehicle collision on August 26, 2023. The assessment was requested by her legal representative, Mr. Paul Mooney of Badre Law Professional Corporation, to:

* Complete an updated in-home assessment addressing current functional status
* Evaluate ongoing attendant care needs
* Provide recommendations regarding additional occupational therapy services and equipment needs
* Identify other services that may assist in recovery

**SUMMARY OF FINDINGS:**

Ms. Slykhuis is a 50-year-old woman who was involved in a motor vehicle collision as a passenger on August 26, 2023. The collision occurred when another vehicle struck their car at high speed, causing it to spin and land in a ditch. As a result of the collision, Ms. Slykhuis sustained serious injuries including left breast hematomas requiring surgical aspiration, rib fracture, sternal fracture, and a reported left breast tear (pending confirmation).

Ms. Slykhuis continues to present with severe physical, cognitive and psycho-emotional symptoms that significantly impact her daily functioning. Her physical symptoms include severe chest pain and pressure (6-10/10) with burning sensation and pulling from shoulder to shoulder, radiating pain from lower back to leg when walking, limited mobility requiring cane support, significant fatigue, and balance impairment requiring use of supports during transfers. Her sleep is significantly disrupted due to both pain and anxiety.

Cognitively, Ms. Slykhuis demonstrates impairments in memory (particularly for recent events), attention and concentration, processing speed, word-finding, and executive functioning affecting her ability to plan and organize daily activities. These cognitive changes significantly impact her independence and safety with daily tasks.

From a psycho-emotional perspective, Ms. Slykhuis presents with increased anxiety (particularly related to vehicles and driving), depression symptoms including low mood and social withdrawal, post-traumatic stress symptoms including nightmares and flashbacks of the accident, and significant social isolation. She becomes tearful when discussing the accident and its impact on her life. Her emotional state has led to substantial withdrawal from previously enjoyed activities and social interactions.

Prior to the accident, Ms. Slykhuis maintained full-time employment as a Customer Support Coordinator with the Standards Council of Canada (remote position) and part-time employment as a cashier at Independent Grocer. She has been unable to return to either position due to her ongoing symptoms and functional limitations. The loss of employment has created additional financial strain and emotional distress.

**RECOMMENDATIONS:**

1. Attendant Care based on the Form 1 assessment completed as part of this evaluation, Ms. Slykhuis continues to require attendant care services totaling $2,150.40 per month. A detailed breakdown is provided in the accompanying Form 1 and narrative section below.
2. Assistive Devices The following items are recommended to promote safety and independence:

* Front-closure mastectomy/post-surgical bras (2) for breast support and pain management
* Additional grab bars for bathroom (2) to improve safety with transfers
* Reacher with rotating head to reduce demands on upper body during reaching tasks
* Long-handled bath sponge to improve independence with bathing
* Anti-slip bath mat to reduce fall risk

1. Occupational Therapy Services Based on Ms. Slykhuis's current presentation and ongoing functional challenges, 12 occupational therapy sessions are recommended over 12 weeks to address:

* Pain management and energy conservation strategies
* Cognitive compensatory strategies for memory, attention and executive functioning
* Gradual return to meaningful activities using pacing and planning
* Home safety and fall prevention
* Sleep hygiene strategies
* Community reintegration, starting with short, supported outings
* Return to work planning and preparation when appropriate

1. Other Services

* Physiotherapy: Continuation of home-based physiotherapy to address ongoing pain, mobility limitations and deconditioning
* Social Work/Psychology: Ongoing psychological support to address post-traumatic stress symptoms, anxiety, and depression
* Speech Language Pathology: Assessment and treatment of cognitive-communication difficulties
* Rehabilitation Support Worker: one weekly session of 3 hours to assist with implementation of therapy recommendations and community reintegration
* Case Management: To coordinate the multidisciplinary team and ensure effective communication between providers

It is noteworthy that Ms. Slykhuis presents with a level of impairment that should necessitate consideration for CAT designation. This therapist will include comments to that effect at the conclusion of this report.

**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 her legal representative Mr. Paul Mooney of Badre Law.
* The purpose of this assessment is to assess Ms. Slykhuis’ 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. Slykhuis 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):
* Definity Insurance Company
* Paul Mooney, Legal Representative

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

**DOCUMENTATION REVIEWED:**

A complete list of documents reviewed is available upon request. The following documents were specifically referenced in the completion of this assessment:

* Occupational Therapy Initial Assessment Report by Stephanie Bosse, dated October 12, 2023
* Progress Report by Kaylee Kozera OT, dated January 9, 2024
* Psychological Assessment Report by Dr. Jeremy Frank, dated November 13, 2023
* Clinical notes from Dr. Sophie Gauthier (Family Physician)
* Sleep Medicine consultation note from Dr. Alan Lowe dated October 17, 2023
* Various hospital and clinical records from August-December 2023

**PRE-ACCIDENT MEDICAL HISTORY:**

Prior to the subject accident, Ms. Slykhuis had a history of:

* Depression managed with medication and psychiatric follow-up
* Deep Vein Thrombosis (2019) and Pulmonary Embolism (2020) requiring blood thinners
* Sleep disturbance requiring medication
* Left frozen shoulder (2021)
* Sleep apnea diagnosed January 2023

Despite these conditions, Ms. Slykhuis was able to maintain full-time and part-time employment, manage her home independently, and engage actively in social activities. Her pre-existing conditions were well-managed and did not significantly impact her daily functioning at the time of the accident.

**MECHANISM OF INJURY:**

On August 26, 2023, Ms. Slykhuis was a belted passenger in a vehicle that was struck at high speed by another vehicle. The impact occurred on the passenger side, causing their vehicle to spin before landing in a ditch. Ms. Slykhuis has limited recall of the incident itself but remembers gripping tightly to the left side with both hands, opening her eyes to find herself in the ditch, and experiencing severe chest pain. Her 17-year-old son attended the scene. She was assessed by emergency services and transported to Cornwall Community Hospital.

**NATURE OF INJURY:**

Based on medical documentation reviewed and client report, Ms. Slykhuis sustained the following injuries as a result of the subject motor vehicle accident:

* Left breast traumatic injury with multifocal hematomas requiring surgical aspiration
* Displaced left rib fracture
* Undisplaced mid-sternal fracture

**COURSE OF RECOVERY TO DATE:**

Following initial assessment at Cornwall Community Hospital, Ms. Slykhuis was discharged home with pain medication. Due to ongoing severe symptoms, she returned to hospital on September 1, 2023, where imaging revealed the extent of her injuries. She underwent surgical consultation and subsequent breast aspiration on September 13, 2023. The smaller hematomas could not be aspirated and were expected to take 6-8 months to resolve.

Her recovery has been complicated by:

* Severe ongoing pain limiting mobility and function
* Development of significant anxiety and post-traumatic stress symptoms
* Cognitive changes affecting memory and executive function
* Sleep disruption due to pain and nightmares
* Social isolation and withdrawal
* Inability to return to work

Ms. Slykhuis has received the following treatments:

* Personal Support Worker services for assistance with daily activities
* Occupational Therapy assessment and treatment
* Psychological assessment
* Follow-up with psychiatrist Dr. Ahmed for management of mental health symptoms
* Family physician monitoring
* Sleep medicine consultation

Despite these interventions, Ms. Slykhuis continues to experience significant functional limitations and has not returned to her pre-accident level of function.

**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. Sophie Gathier | Every 2 months | Monitoring pain management and overall recovery. | TBD |
| Physiatrist, Dr. Jacob Boomgarth | Saw him over the summer of 2024.. Seen twice since the summer. | Injections to occipital nerve.  Started her on new migraine medication. | December 2024 |

**MEDICATION:**

| Medication Name | Dosage/Frequency | Purpose |
| --- | --- | --- |
| Amitriptyline | 10 mg daily | Antidepressant |
| Hydromorphone | 2 - 4 mg per day | Pain |
| Quetiapine XR | 50 mg | Antipsychotic medication |
| Myrbetriq | 50 mg | Overactive bladder |
| Escitalopram | 15 mg | Anxiety |
| Bupropion | 300 mg | Antidepressant |
| Apixaban | 2.5 mg | Blood clot prevention |

**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** |
| --- | --- | --- |
| Headaches | Left side of skull feels like it is swollen with pressure and tingling. Thought she had fleas for the longest time. Top of head very sensitive to touch. | 6 -8/10 |
| Neck | From neck to back of skull. Radiates to left shoulder | 4 -8/10 |
| Chest and left sided ribs | Feels like tingling and tickling feeling, left breast very tender. When walking she must cradle her left breast with her elbow. At rest there is sometimes no pain. | 0 - 7/10 |
| Left chest pain | Feels like that pain transpierces her body. Sustained walking is a trigger (unable to make it to 15 minutes. Pain will radiate to left arm. | 0 - 8/10 |
| Left hand | Frequent periods of numbness and paresthesia. |  |
| Left ear tinnitus | Constant whistling in left ear. Jaw hurts +++ but better with injections. Constant. Volume changes. | 8/10 |
| Vision changes | Eye exam came back clear but she thinks it’s impossible. At Thanksgiving dinner, could not see food on her plate. Has difficulty reading written material. | NA |

**Cognitive Symptoms:**

Ms. Slykhuis reports significant changes in her cognitive functioning since the accident. Her memory has been notably affected - she struggles to recall details of the accident itself and subsequent medical appointments, frequently forgets daily tasks and conversations, and has difficulty maintaining her medication schedule despite using bubble packs. She describes needing to write things down immediately to avoid forgetting important information.

Her attention and concentration have been significantly impacted. She finds herself easily overwhelmed by multiple stimuli and has difficulty maintaining focus during conversations or while watching television. These difficulties are particularly pronounced when her pain levels are elevated. She notes that her processing speed has slowed considerably - she requires more time to understand and respond to questions, complete familiar tasks, and process written information.

Ms. Slykhuis describes substantial challenges with executive functioning, manifesting as difficulties planning and organizing daily activities, managing appointments, making decisions, and solving even simple household problems. She notes that tasks requiring multiple steps have become particularly challenging and she often struggles to initiate activities independently.

Her communication abilities have also been affected. She frequently experiences word-finding difficulties and struggles to express her thoughts clearly. She reports sometimes losing track during conversations and having difficulty following complex instructions.

**Emotional Symptoms:**

Ms. Slykhuis reports experiencing significant emotional changes since the accident that have profoundly impacted her daily life and relationships. She describes persistent anxiety, particularly related to vehicles and transportation. When being driven by others, she often closes her eyes and becomes hypervigilant about potential accident scenarios. She has not attempted to drive since the accident and becomes notably distressed when passing near the accident location. This vehicle-related anxiety has led to significant avoidance behaviors - she rarely leaves her house except for medical appointments, which has contributed to increasing social isolation.

Her mood has deteriorated significantly since the accident. While she had a pre-existing history of depression that was well-managed before the collision, she reports her symptoms have intensified considerably. She experiences frequent tearfulness, particularly when discussing the impact of the accident on her life and work abilities. She describes a loss of interest in previously enjoyed activities and has withdrawn from most social interactions. Ms. Slykhuis reports spending most of her time at home alone, having difficulty initiating even basic activities like watching television or responding to phone messages from friends.

Of particular concern are her post-traumatic stress symptoms. She experiences frequent nightmares about the accident that disrupt her sleep. These nightmares often cause her to wake in a state of panic, after which she has difficulty returning to sleep. She reports intrusive thoughts about the accident throughout the day and finds herself reliving aspects of the event. This has led to what she describes as persistent anxiety about bedtime, knowing these disturbing dreams are likely to occur.

The impact on her social relationships has been substantial. While she maintains phone contact with her sons, she notes they are busy with their own lives. She expresses particular distress about her reduced ability to fulfill her previous parenting role, especially regarding her 17-year-old son who recently moved away for post-secondary education. While she has a supportive circle of friends who offer assistance, she acknowledges a tendency to isolate herself and not respond to their attempts to connect.

Ms. Slykhuis expresses significant concern about her future, particularly regarding her ability to return to work. She worries about how her extended absence will be perceived by colleagues and fears she may never regain her previous level of function. She describes feeling "trapped" in her current situation, wanting to improve but feeling overwhelmed by her physical symptoms and emotional responses.

**Symptom Management Strategies:**

Ms. Slykhuis reports attempting to manage her symptoms through:

* Regular rest periods throughout the day
* Use of prescribed medications for pain and mood
* Prescribed sleeping medications
* Limited walking with her dog when able
* Support from personal support worker for daily activities
* Avoiding anxiety-provoking situations
* Use of positioning and supports for physical comfort
* Writing notes to compensate for memory difficulties

**FUNCTIONAL AND BEHAVIOURAL OBSERVATIONS:**

During the assessment, Ms. Slykhuis presented as a well-groomed woman who appeared her stated age. She was oriented to person, place, and time, though she demonstrated some difficulty recalling specific dates and details of recent events. She engaged appropriately in the assessment process but required frequent breaks due to pain and fatigue. Her affect was generally flat, with periods of tearfulness when discussing the impact of the accident on her life. Her speech was clear but showed occasional word-finding difficulties and slowed processing speed.

**Tolerances, Mobility and Transfers:**

Ms. Slykhuis demonstrated significant limitations in her physical functioning during the assessment. When sitting, she could tolerate approximately 20-25 minutes before needing to change positions due to increasing pain. She was observed frequently shifting between positions and supporting her left chest area with her arm or a pillow. Even during these brief sitting periods, she displayed visible signs of discomfort including grimacing and guarding behaviors.

Bed mobility was observed to be significantly compromised. Ms. Slykhuis required multiple steps to transition from lying to sitting, frequently pausing due to pain. She demonstrated a consistent need to support her chest area during these movements and showed increased difficulty with movements to her left side.

Transfers were completed independently but with notable difficulty. When moving from sitting to standing, Ms. Slykhuis was observed to brace herself using nearby furniture and demonstrated a multi-step process that included pausing mid-transfer to manage pain. She required standby assistance during bathroom transfers and showed increased difficulty with lower surface heights such as the toilet. While she maintained independence with shower transfers, she demonstrated significant guarding behaviors and relied heavily on grab bars for support.

Walking was observed to be slow and deliberate, with Ms. Slykhuis adopting a guarded posture that favored her left side. She used a single-point cane for stability during ambulation and was observed to reach for walls or furniture when walking without the cane. Her walking endurance was limited to approximately 200 meters, after which she reported significant increases in pain and required rest. Her gait pattern showed evidence of compensation, with reduced arm swing on the left side and shortened step length.

Balance testing revealed impairments in both static and dynamic balance. Ms. Slykhuis demonstrated increased sway during quiet standing and required upper extremity support during any reaching or bending activities. She was unable to perform tandem stance or single-leg stance due to instability and fear of falling. These balance impairments significantly impact her safety with daily activities and increase her risk for falls.

**Active Range of Motion:**

Range of motion testing revealed significant limitations, particularly in the trunk and upper body. Ms. Slykhuis demonstrated reduced cervical range of motion in all planes, with pain limiting end-range movements. Shoulder range of motion was notably restricted on the left side, with pain reported throughout the available range. Trunk mobility was severely limited, with Ms. Slykhuis unable to bend forward beyond approximately 30 degrees due to pain. She demonstrated compensatory movements when reaching or bending, often shifting her entire body rather than moving through her trunk.

**Emotional Presentation:**

Ms. Slykhuis's emotional presentation during the assessment was characterized by frequent shifts in affect. While she attempted to engage appropriately in the assessment process, she became tearful when discussing the impact of her injuries on her independence and ability to work. She appeared anxious when discussing transportation needs and future medical appointments. Her mood appeared to deteriorate as the assessment progressed and her pain and fatigue increased.

**Cognitive Presentation:**

During the assessment, Ms. Slykhuis demonstrated several cognitive challenges that impacted her engagement. Her processing speed was notably slowed, requiring additional time to comprehend questions and formulate responses. She frequently lost her train of thought during the interview and required prompting to return to the original topic. Her responses were often tangential, requiring gentle redirection to maintain focus on the assessment components.

Memory difficulties were evident throughout the assessment. Ms. Slykhuis needed to refer to written notes for appointment dates and medication details. She demonstrated difficulty recalling recent events in sequence and showed inconsistency in her recall of medical appointments.

**TYPICAL DAY:**

Based on Ms. Slykhuis's report during the assessment, her current daily routine consists of the following:

Morning Routine: She typically wakes between 7:00-8:30 AM, often after a disrupted night's sleep due to pain and nightmares. She takes her dog for a brief morning walk, though she reports this is challenging due to pain and requires frequent stops. After returning home, she reports needing to lie down to recover from this activity.

She will make a simple breakfast shake or coffee and move to her living room sofa. She attempts to check emails but reports this is often challenging due to concentration difficulties and physical discomfort when sitting at her computer. She requires frequent position changes and often needs to lie down after 20-30 minutes of sitting upright.

Afternoon Activities: Around noon, she takes her dog out again, typically sitting outside while throwing a frisbee rather than walking due to increased pain and fatigue. She relies on reheating prepared foods for lunch as she reports difficulty with meal preparation tasks.

She typically needs to rest in bed around 1:00 PM, describing this as the time when her symptoms are most severe ("c'est la que ca frappe"). After resting, she attempts some light housekeeping tasks such as loading/unloading the dishwasher or light tidying, but reports these activities often increase her pain significantly.

Evening Routine: Ms. Slykhuis reports having difficulty with meal preparation and often relies on takeout or reheated meals. She attempts another short walk with her dog in the evening, typically combining this with seated frisbee play to manage her symptoms.

She reports going to bed around 7:00 PM, though she has difficulty falling asleep due to pain and anxiety. She listens to podcasts but reports being unable to follow the content. She takes her evening medications and attempts to sleep around 8:30-9:00 PM. She reports waking 3-4 times per night due to pain and nightmares, requiring repositioning and occasionally getting up for water. She notes feeling unsteady during these nighttime awakenings.

Social/Leisure Activities: Ms. Slykhuis reports that her social and leisure activities have been significantly curtailed since the accident. While she previously enjoyed frequent social outings and travel to the United States, she now rarely leaves her home except for medical appointments. Her primary social interaction is through phone conversations with family members and occasional visits from friends who assist with errands or grocery shopping.

**ENVIRONMENTAL ASSESSMENT:**

| **TYPE OF DWELLING** | Bungalow | | |
| --- | --- | --- | --- |
| **ROOMS** | **Qty** | **LOCATION/DESCRIPTION** | **FLOOR COVERING** |
| Bedrooms | 3 | Main level | Hardwood |
| Bathrooms | 2 | Main bathroom: Tub/shower combination with bath chair, removable showerhead (broken), raised toilet seat | Tile |
| Living Room | 1 | Main floor, open concept with kitchen | Hardwood |
| Kitchen | 1 | Connected to living room, standard height counters | Tile |
| Laundry | 1 | Located in main bathroom | Tile |
| Stairs | Yes | Two steps to front entrance without handrail  Two steps to back deck without handrail  Four steps from deck to yard with unilateral handrail | Concrete |
| Basement | Yes | Rented to roommate, not accessed during assessment | N/A |
| Driveway Description |  | Paved driveway present |  |
| Yard description |  | Flat yard with grass |  |

**LIVING ARRANGEMENTS/SOCIAL STATUS:**

Marital Status: Single

Living Arrangement: Ms. Slykhuis lives alone in her bungalow. Her 17-year-old son recently moved out to pursue post-secondary education. She has a roommate who rents the basement but they function independently.

Children: Five children (two daughters and three sons) ranging in age from 19-34 years old. She maintains contact with her sons but reports limited contact with her daughters. Her youngest son recently moved out to attend post-secondary education.

**LIVING ARRANGEMENTS/SOCIAL STATUS:**

| Marital Status | Married ☐  Single **X**  Common Law ☐  Other ☐ |
| --- | --- |
| Living Arrangement | Lives alone |
| Children | 5 children born 1992 - 2005 |

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

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

Showers have become an infrequent activity for her, a stark contrast to the regular routine she once maintained. The loss of her daily Personal Support Worker (PSW) disrupted the flow she was accustomed to, making it difficult to find a suitable replacement. Washing her hair was an ordeal she could only manage with the assistance of her PSW, as standing in the shower often left her feeling extremely dizzy. To alleviate this, her PSW would keep the shower door open, providing a sense of security and immediate aid if needed.

When showering without assistance, she would do so sitting down to prevent falls. Sometimes, she would remain in the same clothing for three to four days, and it was not unusual for her to keep her daytime bra on for extended periods.

Indoor tasks, such as meal preparation and dishwashing, which she previously managed independently, now present new challenges.

**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 - Independent with all meal preparation including cooking full meals. Regularly prepared breakfast and lunch at home and shared dinner preparation responsibilities. | A - Limited to reheating prepared foods and simple meals. Requires assistance with any tasks involving prolonged standing or heavier items. Unable to lift pots or manage multiple steps in meal preparation. |
| Dishwashing | I - Managed daily dishwashing independently. | A - Can load top rack of dishwasher but has difficulty with lower rack due to bending limitations. Requires assistance with heavier items. |
| Groceries/errands | I - Independent with all shopping and community errands. Regularly combined grocery shopping with work schedule at Independent Grocer. | U - Unable to manage grocery shopping independently due to lifting restrictions and transportation limitations. Relies on friends for shopping assistance. |
| Bathroom cleaning | I - Maintained bathroom independently. | U - Unable to manage bathroom cleaning due to reaching and bending limitations, pain with sustained activity. |
| Making/changing beds | I - Independent with all bed making tasks. | U - Unable to manage bed making due to pain with reaching and difficulty maintaining balance while changing sheets. |
| Vacuuming | I - Managed vacuuming independently. | U - Unable to manage due to pain with pushing/pulling movements and difficulty maintaining balance while managing cord. |
| Sweeping | I - Independent with sweeping. | U - Unable to perform due to pain with sustained standing and bending movements. |
| Mopping | I - Managed mopping independently. | U - Unable to perform due to pain with sustained standing and difficulty with wringing motion. |
| Dusting | I - Independent with dusting all surfaces. | U - Limited to surfaces between waist and shoulder height. Unable to manage low or high surfaces. |
| Tidying | I - Maintained tidy home environment independently. | A - Can manage light straightening of items at waist height but requires assistance for items requiring bending or reaching. |
| Laundry | I - Independent with all aspects of laundry. | A - Can manage sorting and folding small items but requires assistance with carrying baskets, transferring loads, and managing heavier items. |
| Garbage Removal/Recycling | I - Managed independently. | U - Unable to lift and carry garbage bags or recycling bins. |

| Outdoor Tasks | Pre-accident Engagement | Current Engagement |
| --- | --- | --- |
| Lawn Care | I - Maintained lawn independently. | U - Unable to manage lawn care due to pain and inability to operate equipment safely. |
| Gardening | I - Maintained garden independently. | U - Unable to participate in gardening activities due to inability to bend and maintain positions required. |
| Snow Removal | I - Managed snow removal independently. | U - Unable to perform snow removal due to lifting restrictions and balance concerns. |

**Finances/Financial Management:**

Ms. Slykhuis experiences significant challenges with financial management due to cognitive changes affecting her memory and organizational abilities. She reports having most bills on pre-authorized payments due to concerns about forgetting to pay them on time. She has not completed her 2023 income taxes and expresses significant worry about managing financial matters.

**Caregiving Activities:**

Ms. Slykhuis noted that her 17 year-old son has recently moved out for College and she no longer has any children in the home.

**Vocational Activities:**

| Pre-accident Employment Status | Current Status |
| --- | --- |
| Full-time position: Customer Support Coordinator at Standards Council of Canada (7 AM - 3:50 PM) | Not working since accident |
| Part-time position: Cashier at Independent Grocer (Two evening shifts 4-9 PM and 5-9:15 PM, plus Saturdays 8 AM-4:30 PM) | Not working since accident |

Pre-accident, Ms. Slykhuis maintained both positions successfully, managing remote work for her full-time position with occasional in-person requirements at the Ottawa office. Her part-time cashier position involved significant physical demands including standing, reaching, and lifting, which she managed without difficulty. She reports receiving frequent compliments on her performance, particularly regarding customer service.

Currently, Ms. Slykhuis is unable to return to either position due to:

* Physical limitations affecting her ability to sit for extended periods
* Pain with reaching and lifting movements
* Cognitive changes affecting concentration and multi-tasking abilities
* Inability to drive
* Emotional symptoms affecting her ability to interact with others
* Fatigue requiring frequent rest periods

**Leisure Activities:**

Pre-accident Engagement:

* Frequent social outings with friends (3-4 times per week)
* Regular travel to the United States for shopping and entertainment
* Daily walks with her dog
* Dancing with her dog at home
* Weekly breakfast outings to local restaurants
* Had planned trip to Cuba with friend

Current Engagement:

* Limited to short walks with dog with frequent rest breaks
* Primarily engages in sedentary activities at home
* Unable to participate in previous social activities
* Cancelled planned trip to Cuba
* Reports difficulty engaging even in passive leisure activities like watching television due to concentration difficulties
* Social contact primarily limited to phone calls and occasional visits from friends bringing supplies

The most significant changes in leisure participation relate to:

* Physical limitations affecting mobility and endurance
* Pain with prolonged sitting or standing
* Anxiety about leaving home
* Transportation barriers due to inability to drive
* Social withdrawal
* Cognitive changes affecting ability to focus on and enjoy activities
* Financial constraints due to work absence

**Volunteer Activities:**

Ms. Slykhuis was not involved in any volunteer activities at the time of the subject motor vehicle accident.

**ASSESSMENT OF ATTENDANT CARE NEEDS:**

The following is an Assessment of Attendant Care Needs based on reports of the client and direct observations as of October 29, 2024 . The Ontario Society of Occupational Therapists report “Considerations for Occupational Therapists Completing an Assessment of Attendant Care Needs (Form 1)” was consulted for the completion of the assessment. As per the OSOT Guidelines, “this assessment of Attendant Care Needs (Form 1) is not simply the recording of what attendant care services are already in place. [This therapist’s] role is to determine the extent to which the client can perform the skills and activities identified in the Form 1 safely, functionally, and to objectively identify what assistance if any is needed from the present time into the future until another such re-assessment may identify modified needs.”

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

Dressing | Pre: Independent | Post: Partially Able Ms. Slykhuis requires assistance with upper body dressing, particularly with bra donning and breast bandaging due to pain and limited range of motion. She remains independent with lower body dressing but requires increased time and experiences significant pain. She demonstrates difficulty with items requiring fine motor skills such as buttons and zippers.

At this time, Ms. Slykhuis requires 25 minutes of daily assistance for dressing tasks, particularly focusing on upper body dressing and support with fasteners.

Total Time Allotted: 175 minutes weekly

Undressing | Pre: Independent | Post: Partially Able See comments under Dressing. Ms. Slykhuis requires similar assistance with undressing, particularly for upper body garments and breast bandage removal.

Total Time Allotted: 175 minutes weekly

Prosthetics | Pre: Not Applicable | Post: Not Applicable Total Time Allotted: 0 minutes weekly

Orthotics | Pre: Not Applicable | Post: Not Applicable Total Time Allotted: 0 minutes weekly

Grooming | Pre: Independent | Post: Partially Able Ms. Slykhuis requires assistance with several aspects of grooming due to pain, limited range of motion in her upper extremities, and difficulty with sustained positioning. She has particular difficulty with hair care, requiring assistance with washing and styling due to inability to maintain arms above shoulder height.

She is independent with basic face washing and teeth brushing but requires increased time and modifications. She requires assistance with nail care due to inability to maintain required positions and fine motor challenges.

Currently requires:

* 15 minutes daily for hair care and styling
* 10 minutes weekly for nail care
* 10 minutes weekly for assistance with more complex grooming tasks

Total Time Allotted: 125 minutes weekly

Feeding | Pre: Independent | Post: Partially Able While Ms. Slykhuis remains independent with the actual task of feeding herself, she requires significant assistance with meal preparation due to pain with reaching, limited ability to lift cooking items, and cognitive challenges affecting meal planning and execution. She requires 45 minutes daily of assistance with meal preparation to ensure adequate nutrition.

Total Time Allotted: 315 minutes weekly

Mobility | Pre: Independent | Post: Partially Able Ms. Slykhuis requires standby assistance for safety during more challenging transfers and when navigating stairs due to balance impairment and pain. She requires assistance with community mobility due to inability to drive and anxiety as a passenger. She currently requires:

* 20 minutes daily for supervision with more challenging transfers and stair navigation
* 3 hours weekly for assistance with essential community mobility (medical appointments, essential errands)

Total Time Allotted: 320 minutes weekly

Extra Laundering | Pre: Not Applicable | Post: Not Applicable Total Time Allotted: 0 minutes weekly

Hygiene | Pre: Independent | Post: Partially Able

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 environment and these activities should be considered an attendant care need under Level 2".

Ms. Slykhuis requires assistance with maintaining bathroom and bedroom hygiene due to physical limitations and pain with bending/reaching. She needs support with:

* Bathroom cleaning and maintenance (wiping surfaces, cleaning shower)
* Changing bed linens
* Managing laundry
* Organizing personal items within reach
* Ensuring comfort and safety in bedroom environment

Additionally, due to her cognitive challenges and emotional state, she requires support to ensure comfort and security throughout the day. She demonstrates significant anxiety and depression symptoms that impact her ability to maintain routines and engage in daily activities.

Currently requires:

* 20 minutes daily for bathroom and bedroom hygiene tasks
* 15 minutes four times daily for comfort and security needs
* 15 minutes daily for support with organizing daily care items and maintaining safe environment

Total Time Allotted: 545 minutes weekly

Basic Supervisory Care | Pre: Not Applicable | Post: Partially Able In the event of an emergency requiring evacuation, Ms. Slykhuis's physical limitations, cognitive challenges, and use of sleep medications may impact her ability to respond appropriately. Given her balance impairment and need for a mobility aid, she would benefit from 30 minutes daily of basic supervisory care to ensure safety, particularly during evening hours.

Total Time Allotted: 210 minutes weekly

Bathing | Pre: Independent | Post: Partially Able Ms. Slykhuis requires assistance with showering due to balance impairment, pain with reaching movements, and difficulty managing water temperature/controls. She requires:

* Setup of shower equipment
* Assistance with water temperature adjustment
* Standby assistance for safety during transfers
* Help with washing hair and hard-to-reach areas
* Support with drying and dressing after bathing

Currently requires 30 minutes daily assistance for safe completion of bathing activities.

Total Time Allotted: 210 minutes weekly

Medication | Pre: Independent | Post: Partially Able Due to cognitive changes affecting memory and organization, Ms. Slykhuis requires:

* 10 minutes daily for medication monitoring and reminders
* 5 minutes daily for maintenance of medication schedule and supplies

Total Time Allotted: 105 minutes weekly

All other Level 3 categories (Genitourinary Tracts, Bowel Care, Tracheostomy Care, Ventilator Care, Exercise, Skin Care, Other Therapy, Supplies/Equipment, Skilled Supervision) are either not applicable or Ms. Slykhuis is independent with these tasks.

Total recommended monthly attendant care benefit: $2,150.40

* Level 1 for routine personal care: 1110 weekly minutes
* Level 2 for basic supervisory functions: 755 weekly minutes
* Level 3 for complex functions: 315 weekly minutes

**REBUTTAL REPORT - IE:**

**CATASTROPHIC DESIGNATION CONSIDERATIONS:**

**CLOSING COMMENTS:**

This assessment has revealed that Ms. Slykhuis continues to experience significant physical, cognitive, and emotional challenges following her motor vehicle accident of August 26, 2023. These impairments substantially impact her ability to perform activities of daily living independently and safely. The recommended supports and services are essential to promote her ongoing recovery and ensure her safety in the community.

Sincerely,



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

Sebastien Ferland OT Reg.(Ont)

Encl: Form 1

cc: Paul Mooney, Badre Law Professional Corporation

Kayla De Wallen, Definity Insurance Company

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*.*