



Elements Support Services
May 16, 2019

Mild to Severe Brain Injury Clients: GOSE and Documentation from Health Care Professionals

Presented by:

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ABI + CAT Criteria Since June 1, 2016

1. More ABI Survivors can be CAT
2. fMRI shows Mild Brain Injury Changes
3. GOSE
4. Pre-accident problems
5. Recording Function and Support RSW Intervention

“Positive Findings”

“The injury shows positive finding on:”

- CT, MRI, or

“any other medically recognized brain diagnostic technology indicating intracranial pathology that is a result of the accident ...”

= fMRI

fMRI

- Damaged cells function differently physiologically
- Cells damaged are more permeable to water molecules
- fMRI maps the aberrant water movement within damaged cells

fMRI

- Computer shows abnormal findings compared to thousands of normal brains
- Visualizes damaged cells. Different pictures of impairment fMRI differentiates between:
 - ABI + Normal
 - ABI + Depression
 - ABI + Chronic Pain
 - ABI + PTSD

Triaging the ABI Impairments

Days 1-10

- hospital / home

Days 10-20

- lawyer submits AB application under cover of letter
- Lawyer writes AB insurer to advise client has likely sustained a CAT ABI
- Arrange OT & RSW
- Speech, Neuropsych

Triaging the ABI Impairments

Days 21-30

- Who is the person before? What changes have occurred?
- Assessments of impairments
- Attendant Care
- Cognition
- Behaviour

Triaging the ABI Impairments

Days 30-40

- Obtain collateral info from family and friends
- RSW Tx Plan 2-3/week
- Identify goals and functional impairments
- In home and accessing community – examples of **prompting + cueing**

Triaging the ABI Impairments

Days 41-90

- RSW notes provided to treating professionals, adjuster and Neuropsych
- Neuropsych testing
- RSW notes re family reported changes
- Examples of functional changes in GOSE activities (questions 2-8)

Triaging the ABI Impairments

Days 91-120

- Attendant Care Assessment repeated
- RSW notes shared
- Any difficulties in cueing and prompting required in self-care, ADL's, kitchen use, dressing, chores, social pragmatics, moderating behavioural changes, planning for outings, engaging in shopping, travel or social and leisure
- discuss plan re RTW or school with team & identify barriers

Triaging the ABI Impairments - GOSE

Days 121-180

- Arrange and obtain GOSE assessment which relies on cueing & prompting examples from RSW notes, fMRI, physiatry, neurology, speech & OT situational assessments and CAT reports
- Obtain up to date collateral information from friends and family re pre-post changes

Day 181

- CAT application submitted with lawyer letter highlighting urgency, that CAT definition is met and seeking agreement client is CAT so client's condition does not deteriorate

Is the Lawyer Acting in the Client's Best Interests?

- Paying for MRI, fMRI
- Paying for RSW, Neuropsychologist, OT, SLP, physiatrist report to support CAT application
- Submitting OCF19 at 6 months before client has run out of rehab funds
- If insurer denies CAT, in order to prevent the client's condition from deteriorating, is lawyer proceeding to arbitration even though the insurer isn't responsible to pay for injured person's legal fees?

If **NOT**, client should seek a second opinion from a lawyer who will provide timely, effective legal support to the client and the rehab team.

GOSE – AT SIX MONTHS

Findings of GOSE at six months are highly dependent on:

- attendant care, social worker/psychology assessments, and especially RSW notes.

GOSE Criteria

- A. Vegetative State (VS or VS*), one month or more after the accident,
- B. **Upper Severe Disability** (Upper SD or Upper SD*) or **Lower Severe Disability** (Lower SD or Lower SD*), six months or more after the accident, or
- C. **Lower Moderate Disability** (Lower MD or Lower MD*), one year or more after the accident.

WHAT DOES THE ASTERISK * MEAN???

GOSE WILSON 1998 ARTICLE POINTERS & GUIDELINES

1. Interview family & close friends re function and needs
2. If answers to one of the Dependence questions (Q2-Q4) show s/he is no longer fully independent
“THEN THEY ARE SEVERELY DISABLED”
3. Re Q2a: if “they need to be prompted or reminded to do things . . . they are dependent”. Therefore,
SEVERELY DISABLED

GOSE POINTERS & GUIDELINES

Q2b patient is “in the lower category of severe if they cannot be left alone for 8 hours.”

(*) Lower SD*, Upper SD* and Lower MD* are CAT

*= patient was not fully independent before the injury

* Accommodates both thin skulled and crumbling skull applicants as more likely to be found CAT

GOSE Question 2a

INDEPENDENCE IN THE HOME

2a Is the assistance of another person at home essential every day for some activities of daily living?

☐

1 = No

2 = Yes

If “No” go to question 3a

For a ‘No’ answer they should be able to look after themselves at home for 24 hours if necessary, though they need not actually look after themselves. Independence includes the ability to plan for and carry out the following activities: getting washed, putting on clean clothes without prompting, preparing food for the themselves, dealing with callers, and handling minor domestic crises. The person should be able to carry out activities without needing prompting or reminding, and should be capable of being left alone overnight.

GOSE QUESTIONS

GOSE Question 2a at 6 months

“Is the **assistance** of another person at home essential every day for some ADLs?” [look at RSW notes re dependency, cueing & prompting]



If Yes, then s/he is CAT

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GOSE QUESTIONS

GOSE Question 2a at 6 months

If need **prompting or reminding (direct or indirect)**, if person needs help planning activities, need help dealing with callers, minor domestic crises, or not safe to leave alone overnight, **then, GOSE test says they need assistance.**



and s/he is CAT

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GOSE Question 2b

INDEPENDENCE IN THE HOME

2b Do they need frequent help or someone to be around at home most of the time?

☐

1 = No (Upper SD)

2 = Yes (Lower SD)

For a 'No' answer they should be able to look after themselves at home for up to 8 hours during the day if necessary, though they need not actually look after themselves.

GOSE QUESTIONS

GOSE Question 2b

Do they need frequent help or someone to be around at home most of the time? Is help necessary for more than 8 hours/day? = Lower Severe Disability

If help, prompting, cueing, necessary for *less than* 8 hours/day = Upper Severe Disability

1= No (Upper SD)

2= Yes (Lower SD)

If YES = CAT \pm If NO = CAT

GOSE Question 3a

INDEPENDENCE OUTSIDE THE HOME

3a Are they able to shop without assistance?

☐

1 = No (Upper SD)

2 = Yes

This includes being able to plan what to buy, take care of money themselves, and behave appropriately in public. They need not normally shop, but must be able to do so.

GOSE, shopping and CAT

GOSE Question 3a at 6 months

“Is s/he able to shop without assistance?”
“Assistance” – look at examples for RSW notes and OT community assessments & collateral information examples from family



If NO, then s/he is CAT

GOSE, shopping and CAT

GOSE Question 3a at 6 months

If need help to plan what to buy, if need help with taking care of money or if may not behave appropriately in public or require assistance



then s/he is CAT

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GOSE Question 4a

INDEPENDENCE OUTSIDE THE HOME

4a Are they able to travel locally without assistance?

☐

1 = No (Upper SD)

2 = Yes

They may drive or use public transport to get around. Ability to use a taxi is sufficient, provided the person can phone for it themselves and instruct the driver.

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GOSE, local travel and CAT

GOSE Question 4a at 6 months

“Is s/he able to travel locally without assistance?”
“Assistance” when attempting task with RSW or OT was
client able to redirect, explain directions . . .



If Not, then s/he is CAT

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GOSE, local travel and CAT

GOSE Question 4a at 6 months

If need help to call, use money,
behave appropriately, or direct driver



then s/he is CAT

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GOSE Question 5a

WORK

5a Are they currently able to work to their previous capacity?

☐

1 = No

2 = Yes

If they were working before, then their current capacity for work should be at the same level. If they were seeking work before, then the injury should not have adversely affected their chances of obtaining work or the level of work for which they are eligible. If the patient was a student before injury then their capacity for study should not have been adversely affected.

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GOSE Question 5b

WORK

5b How restricted are they?

☐

1 = a (Upper MD)

2 = b (Lower MD)

a) Reduced work capacity.

b) Able to work only in a sheltered workshop or non-competitive job, or currently unable to work.

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GOSE, Work and CAT

GOSE Question 5a and 5b at one year

If can't work



Then CAT

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GOSE, Work and CAT

GOSE Question 5a and 5b at one year

If restricted at work and is not
working at a competitive level



then s/he is CAT

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GOSE, Work and CAT

GOSE Question 5a and 5b at one year

If working in a sheltered
environment



Then s/he is CAT

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GOSE, Work and CAT

GOSE Question 5a and 5b at one year

If working with accommodations and
still requires attendant care



Then s/he is CAT

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GOSE + Social + Leisure Activities

GOSE Question 6b at one year

If unable to participate: rarely,
if ever, take part



then s/he is CAT

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GOSE, Socialization and CAT

GOSE Question 7a and 7b at one year

“Have there been psychological problems which have resulted
in ongoing family disruption or disruption to friendships?”

*See OT, Neuropsych RSW notes re family & friends
engagement/disruption examples from collateral sources.



then s/he is CAT

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GOSE, Socialization and CAT

GOSE Question 7a and 7b at one year

If constant quick temper, or irritability, or anxiety or insensitivity to others or mood swings or depression or unreasonable/childish behaviour that continues to disrupt relations with family or friends

then s/he is CAT

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THANK YOU

Please feel free to call or email with questions.

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in and out of the courtroom.

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Date of Report:	9/30/2018	Client Name:	
Date of Last Report:	6/30/2018	Date of Birth:	May 25, 1993
Rehabilitation Worker(s)	-Claude Kennedy	Health Care Professional Overseeing Plan:	Laura ***
Report Prepared by:	Claude Kennedy	Case Manager:	
Elements Director of Services:	James Gillam	Insurer:	State Farm Insurance
OCF 18#		Claim Number:	602X66421

Executive Summary

This is a three-month report for [REDACTED] covering the reporting period from July 1, 2018 to Sept 30, 2018.

The current list of professionals working on this file includes:

[REDACTED]

Presenting problems: [REDACTED] was involved in a motor vehicle accident on May 9, 2013.

- Currently resides at home in Aurora with his mother parents and older brother.
- [REDACTED] continues to deal with less frequent bouts of pain from resulting head body injuries.
- Cognitive, psychological and social challenges continue to be present.
- Continues to struggle with certain aspects of therapy due to frustration, indecisiveness, emotional and neurological barriers.
- Implementation of rehabilitation services included the following goals:
 - ❖ To develop and encourage a return to meaningful social activities.
 - ❖ To participate in planning in leisure activities in the community.
 - ❖ To assist with compensatory strategies for memory, organization and planning by using technological devices to assist.
 - ❖ To assist client to problem solve situations as they occur.
 - ❖ To organize time and system of time management.
 - ❖ To learn and participate in music recording, composition, and production with this RSW.

Challenges that ** has been encountering are as follows:**

- Throughout the rehabilitation process **** has shown a dependency and reliance on the primary caregivers that he feels he can trust or have built somewhat of a relationship with him.
- **** continues to be engaging, initiating and following through on planned activities this reporting period, even activities where he is aware are needed activities, but not preferred.
- Despite on-going challenges there have been improvement with overall attendance and engagement; but continued struggle with consistency.

- **** continues to struggle with hearing voices, which at times would steal his motivation toward having session, but has not cancelled sessions as a result of hearing them this reporting period. This continues to be a barrier but diminished in number of occurrences due to being addressed by medication and the use of relaxation techniques.
- Although **** is unwilling to try new things at times, he has displayed much more openness to expose himself to new therapy ideas such as horse/animal therapy and has also entertained the idea of having a service dog as evidenced by his own initiative.
- **** has struggled to complete additional studio music recordings this reporting period as he has experienced many personal relationship changes and life changes which have directly influenced his motivation and also lent a hand to him questioning his purpose in the world.
- It has also been noted by this RSW that **** continues to second guess himself and at times attributes his “second guessing” to the voices he hears. This at times will foil confident decision making where **** will delay making an informed or educated decision, and use conversation with trusted team members to summon a choice.

Plan Moving Forward:

- This reporting period a significant amount of progress has been made in three ‘target’ areas, specifically in the area of music and health. **** will continue to concentrate more on these areas.
 - Social life (friends, and close cousin, family members, community access),
 - Health (making healthy meal choices, shopping for and healthy meal prep)
 - Music participation, composition, computer production and learning
- Suggestions have been made for participation in volunteering in the community, but this is not of much interest to ****. He has been a lot more social going out with friends and family, traveling to Africa, and going out in his local community more often to socialize.
- **** has been encouraged to utilize meditation to help keep himself focused, and has notably and successfully used it to his expressed appreciation.
- RSW will continue to provide positive reinforcement for goals met, and encouragement towards goals in progress
- Current Team and RSW will continue to encourage and support and motivate **** to continue his rehab participation
- **** continues to work with a personal trainer on individualized training sessions as well as focusing on dietary recommendations including the preparation of meal plans which are now prepared by his mother and **** himself.
- He also continues to work with this RSW on music goals outlined by his OT based on ****’s choices and interests.
- This RSW also notes that **** continues to have a vested interest in healthful eating and food preparation of healthy meal choices, but at times has become unmotivated to prepare healthy meals himself.
- Continued motivation, and encouragement towards completion of music recording, exercise and socialization. Implementation of procedures towards these goals will continue over the next reporting period.

Goals of Intervention
Discipline Association/Goal: <i>Occupational Therapy</i> <ul style="list-style-type: none"> ▪ To work with **** to develop and encourage a return to meaningful social activities by assessing the ability to focus and mood affect. ▪ Also to work under the guidance of occupational therapist to assist **** with compensatory strategies for memory, organization and planning by using technological devices to assist. ▪ To develop independence and skill in choosing and preparing healthy meals with support from personal trainer and RSW. ▪ To engage/participate in music composition, recording and performance using electronic recording software.
Activity/Strategy: <ul style="list-style-type: none"> ▪ In order for **** to forge a path back to meaningful activities it is important that he engage in preferred activities and/or interests such as music recording, composition and recording. ▪ To encourage **** to participate in music composition (lyrical and musical), and recording. ▪ To encourage **** to initiate the acquisition of music equipment, books, etc related to this goal and interest.
Outcome Target (Based on Indicators/Benchmarks): Expresses interest in music composition in and out of Therapy session and is willing to participate in goal Rationale: As per occupational therapy goals, supporting **** in completing socially meaningful activities post injury...with focus in music composition and recording.

Barriers to Achieving Goal:

- Motivation to engage in activities
- Easily distracted
- Fatigue affecting motivation and interest
- Depression
- Indecisive in decision making
- High degree of frustration resulting from engaging in menial tasks or... having to follow steps where **** feels are not important in his understanding of a specific process.
- Frustrations with current home living arrangement (feeling mis-understood, questioning levels of privacy, and at times feeling disrespected).

Strategies to Overcome Barriers:

- Establishing a rapport with **** allowing for cues to have therapeutic value.
- Continued encouragement and positive reinforcement around ****'s talent and ability.
- Allowing **** the freedom at times to engage in other unrelated or other activities of interest tends to help him open up at times and build confidence.
- Medication addressing ****'s hearing voices have been somewhat successful, although he does report hearing them at times during situations of stress and anxiety
- Reminders by RSW to refocus on tasks.
- Reminders by RSW that he does not have to immerse in frustration when confused or upset, and has the option to discuss his feelings
- Vision board displaying positive goals etc. had been used this reporting period and has positively affected **** in that he refers to it when depressed, frustrated and anxious
- Use of calendar where **** can refer to list of daily activities etc. has been used this reporting period where team members can point **** toward.

RSW Comments:

- 1) **** has initiated a number of activities such as...
- grocery and clothing shopping
 - Organizing get together with previous friends and spending time with them which has greatly affected his confidence towards positive and elevates his moods afterwards.
 - **** has suggested working out in gym with this RSW to help him with confidence and gaining more physical strength. He no longer needs this support and has been going to the gym alone and working with his trainer. This RSW noted that he has been more consistent at the gym this reporting period
 - **** is not resistant to eating healthy meals and enjoys it greatly, but is sometimes resistant to preparing them for himself although he did participate in meal prep 30% of the time, due to most meals being prepared for him.
 - **** continues to prepare some meals for himself but has allowed his mother to prepare most of them while he suggests what his dietary needs are
 - **** has entertained animal therapies in differing forms and has expressed interest in the use of a service dog, meeting with trainers and asking questions.
 - **** Chose to participate in animal/horse therapy where he later expressed "it was amazing" for him as he is cognizant of his social awkwardness and social isolation from others

Additional Comments:

- This RSW has noticed **** still at times presents as unmotivated and negative but relies on positive conversations to help refocus him.
- This RSW will continue to encourage **** to use meditation and positive affirmations to focus an refocus himself when it is needed and as a daily consistent activity
- This RSW will continue to work with **** to support him around his music and social interests...and support him in his interests where they are supported by his rehab team members.
- **** has presented as a lot more social this reporting period and is more willing to try new activities and go to new places although anxious. He does continue to struggle with confidence and social anxiety and will avoid gatherings unless the event is of great interest to himself. This RSW notices he will attend but isolate himself somewhat from others, where he will need consistent encouragement to engage.

Claude Kennedy

Claude Kennedy
REHABILITATION SUPPORT WORKER

James Gillam

James Gillam
DIRECTOR OF SERVICES

REHABILITATION SUPPORT WORKER PROGRESS REPORT

Date of Report:	Feb 2019	Client Name:	
Date of Last Report:	August 2018	Date of Birth:	1974-08-31
Rehabilitation Worker(s):	Randy Dixon	Health Care Professional Overseeing Plan:	Heidi-lee Taylor
Report Prepared by:	Randy Dixon	Case Manager:	
Elements Manager:	James Gilliam	Insurer:	Certas home and Auto
OCF 18 Date:		Claim Number:	P6841765

Executive Summary

Mr. ****h 's tendency is to impulsively make decisions by acting on a task before thinking through all of the consequences. He tends to perseverate on a thought at times and has a difficult time switching gears. For example, if in a conversation and someone suggests that he should try a different idea Mr. ****h often responds with "I know" however continues to proceed in the same manner as he was. His concentration can be all encompass**** at times and decisions are then made more impulsively, often without attention to detail.

Mr. ****h tends to also follow the same process when he decides a certain activity might be a good idea on his own. For example, he may decide to lift an item that would put his safety at risk and not think through the consequences i.e. hurt himself etc.

Mr. ****h is a very proud and driven individual with great charisma and uses these strengths in his presentation. Mr. ****h does not always appear to accept the limitations of his present injuries and tends to push himself past what is reasonable and safe at times. When presented with reasonable choices and prompted to slow down, he appears more willing to accept. The RSW supports Mr. ****h by reviewing the situation and looking for the possible consequences in situations. This appears effective in that he is able with assistance from the RSW to make a more informed decision regarding his safety.

Mr. ****h also indicated he has "less tolerance and patience" than he had before his accident while in the community and "feels more reactive." For example, when he has been in line at the grocery store

and someone bumps Mr. ****h and/or moves into the line a head of the people waiting , he “feels more prone to speak derogatorily”. The RSW supports Mr. ****h when these situations arise and models appropriate behaviors. Role modeling and illustration of other options are also employed by the RSW u**** relevant examples as previously stated soon after the incident has occurred.

The RSW continues to discourage Mr. ****h from pushing himself past his limitations as he is unable to self-identify when he is fatigued mentally and/or physically at times. The RSW and Mr. ****h practice the signs of his fatigue frequently to instill habitual learning in this area. This goal continues to be focused on consistently.

Mr. ****h continues to make progress in various aspects of his rehabilitation program however he also continues to require extensive cueing, assistance, supervision and support. Mr. ****h continues to engage in all areas of his treatment program and makes his best efforts to comply with therapy goals on a consistent basis.

Mr. ****h has not been attending archery with RSW during this reporting period, and although this is an activity Mr. ****h enjoys, other situations have impacted his attending.

Mr. ****h’s mood and communication have changed notably during this reporting period; although he continues to be engaged in conversations with RSW. Mr. ****h has become increa****ly negative and less easily engaged in new activities. Mr. ****h has been better since his return home however requires support to engage. Mr. ****h has had a decrease in pain and headaches during this reporting period which can be mostly attributed to his surgery. This has increased Mr. ****h ’s participation in activities and allowed him greater focus.

Mr. ****h continues to work with RSW on u**** his devices to support in memory and orientation u**** his smartphone. Mr. ****h makes attempts to enter in detail for appointments and tasks in his devices and continues to make progress in this area. Mr. ****h is aware of his schedule and uses his phone and a wall calendar to keep track of this as well. MR. ****h is good at u**** these tools to keep organized. Mr. ****h continues to require daily strategies to help with tasks and continues to require cues to slow down. Mr. ****h also continues to require cues to help make a plan and implement them this continues to be a challenge for Mr. ****h however with support he can brake items into smaller manageable chunks. Mr. **** continues to be impulsive at times and can be easily distracted in situations where it is not quite and organized.

Mr. ****h continues to require cuing for some activities of daily living however can often independently perform general tasks i.e. Laundry, showering, bathroom routines. Although Mr. ****h can complete these tasks independently, he often requires cues to initiate some tasks.

The RSW started working with Mr. ****h on projects during this reporting period looking at OT goals in planning, organization and implementation as well as engagement and initiation.

His non-compliance is mostly in the area of not accepting that he has limitations, which appears to be presented as “cognitive perseveration” as previously stated. He has stated that he views his rehabilitation as “physical” although he continues to under estimate his physical limitations thereby overestimating his ability to do things. He has not demonstrated insight into this area and without support he most likely will attempt to do things he is not ready for, risking re injury. This area continues to be an area of focus.

The RSW prompts Mr. ****h consistently to slow down and alerts him to his surroundings which includes any obstacles, at all times, especially when in the community. The RSW often alerts Mr. ****h to hazards i.e. walking properly down stairs and escalators.

Mr. ****h has been attempting to quit smoking during this reporting period with medication prescribed from his Dr. This is a work in progress and Mr. ****h continues to actively work toward this goal.

During this reporting period, Mr. ****h has continued to demonstrate a lack of awareness when a task is too much for him, requiring intervention to support with more manageable steps. Mr. ****h will also often choose the easiest route ignoring detail and sometimes quality. i.e. When doing some projects Mr. ****h will often rush through nailing an object or assess**** safety in completing a task. Mr. ****h continues to accept the RSW’s input and assistance in this area without hesitation.

Some of the home tasks that were required to be done with power tools, Mr. ****h was able to plan with the RSW, that the RSW would complete the above tasks under his supervision. Mr. ****h did not appear to mind this arrangement, although he stated that he missed having a more active role as he did before his accident. In this situation Mr. ****h was able to display some insight into his limitations although very reluctantly, and with much support from the RSW.

The RSW continues to inform Mr. ****h of his gains ongoing. He responds very well to focus**** on gains and encouragement.

Mr. ****h has complied with redirections and/or prompting when required from the RSW. He remains welcoming and appears to look forward to the RSW’s sessions at this time.

Mr. ****h’s Stamina and endurance continue to improve gradually at the present time, and he is engaged and participates in all therapies willingly.

Mr. ****h continued to be impacted by pain in his legs and arms during this reporting period.

Mr. ****h continues to articulate that he wants to improve in all areas of his rehabilitation and appears to be willing to continue working with his RSWs.

Goals of Intervention
Discipline Association/Goal: OT/Improve expressive and receptive communication (Participate in daily scheduled rehab sessions/activities)
Activity/Strategy: <ol style="list-style-type: none"> 1. Attend and engage in weekly OT appointments and RSW 4x weekly 2. Participate in conversations with RSWs and other service providers during sessions 3. Use Phone, for writing, voice memos and appointments 4. Continue to plan and implement projects discussed with OT
Indicators/Benchmarks: <p>Mr. ****h appears to be motivated to engage in all sessions with RSWs and participates in the sessions with minimal prompting.</p> <p>Mr. ****h regularly communicates with SW and voices concerns and needs</p> <p>Mr. ****h relies heavily on his Phone for appointments and lists however requires less cueing to use this assistive aid and consistently remembers to bring it to his RSW sessions.</p> <p>Mr. ****h has been inputting new appointments into his device as they come. He then reviews these on his sessions</p>
Outcome Target: Observations from RSWs and self-reports from Mr. ****h confirm that he is willing to engage in sessions with his RSWs. Observations from this RSW indicate that Mr. ****h has been u**** these aids on a regular basis with minimal cueing or reminders. Self-reports from Mr. ****h and observations from RSWs confirm his continued effort in this area.
Barriers to Achieving Goal: Mr. ****h has appeared to be more willing and motivated to participate in the treatment plan with his RSWs and continues to articulate his commitment to this process. Mr. ****h has had increased agitation during this reporting period Weather has been a barrier for some outdoor activities
Strategies to Overcome Barriers: Weekly planning, review of previous and current week, use of compensatory strategies and development of new ways to assist Mr. ****h with communication will be reviewed with Mr. ****h and the treatment team.
RSW Comments: Mr. ****h continues to struggle with pain and at times this can limit his participation in activities but not attending sessions. Mr. ****h requires RSW support to leave the house and often needs this prompting to stay engaged.

AdditionalComments:

Mr. ****h continues to require support to get him to attend the PAARC program this is an ongoing goal and is in progress at present

Randy Dixon

Randy Dixon
REHABILITATION SUPPORT WORKER

James Gillam

James Gillam
CLINICAL PROGRAM MANAGER

Date of Report:		Client Name:	
Date of Last Report:	N/A	Date of Birth:	
Rehabilitation Worker(s):		Health Care Professional Overseeing Plan:	
Report Prepared by:		Case Manager:	
Elements Manager:		Insurer:	
OCF 18 Date:		Claim Number:	

Executive Summary

This is _____ first progress report covering from April 7, 2014 to June 30, 2014.

The current compliment of professionals working on this file includes:

Case Manager -
Occupational Therapist -
Physio Therapist –
Speech language Pathologist
Psychologist-

RSW's -

Presenting problems:

- Client was hit by 2 cars as a pedestrian.
- Resides at Staybridge suites hotel in Mississauga with his mom and younger brother for purposes of rehabilitation
- Client is learning to walk, pivot and transfer with support
- Had left temporal lobe removed, has not had bone flap as of yet.
- Walking, balancing, and pivoting have improved measurability since the beginning of treatment although fatigue plays a large factor and limits _____ from pushing himself in his various rehabilitation sessions.
- It has been reported by _____ mother that his fatigue has improved slightly to date.
- At time Rehabilitation services began the following goals were put into place:
 - ❖ Increase participation in self care activities including grooming and dressing
 - ❖ Develop toileting schedule and routine as set up by nurse
 - ❖ Increase level of independence in directing own care (verbalize needs/wants)
 - ❖ Increase level of independence at meal times (self feeding/regulating amount and speed)

Challenges that _____ has been encountering are as follows:

- As Rehabilitation services began _____ was relying totally on his mother for his toileting. In _____ a nurse assisted in developing a toilet routine and a commode was brought in with much success.
- Up until June, _____ has not felt comfortable enough to allow anyone else aside from his mother to assist him.
- _____ is presently accepting help now and is urinating on the toilet with assistance from RSW without the use of the commode.

- _____ seems to still prefer having clothes removed on bed with assistance before using the washroom and then from bed onto commode.

Plan moving forward

- Balance of activity and rest as _____ continues to report fatigue
- Keeping _____ in wheelchair for longer periods of time to improve endurance.
- Increasing cardiovascular exercise may assist in sleeping issues was discussed and will be implemented as PT deems necessary
- Encouraging _____ to continue asking and/or accepting RSW's assistance, and using toilet more often.
- _____ should be encouraged to walk to the washroom and then sit on commode or toilet to add to independence.
- Getting undressed in washroom instead of lying in bed would help Kyle progress into a more independent toileting routine.

Goals of Intervention
Discipline Association/Goal: <i>Occupational Therapy</i> Support client learning and performing his morning routine and transition learned skills into the home environment while fostering independence in these activities.
Activity/Strategy: Morning routine (ADL)- includes upper body sponge bath in bed while _____ is in the sitting position. - assisting with all his hygiene routine as much as possible. -Support and encourage _____ and mother in developed toileting routine. -Breakfast routine-_____ chooses most days to eat in the hotel dining room. _____ is encouraged to reach for items himself, open platters, put bread in toaster, pour syrup. Kyle can put dirty dishes in appropriate place and throws garbage away. -If self-care activities and physical exercises are complete, _____ is taken outside for walks in wheelchair for fresh air and interactive discussions
Indicators/Benchmarks: Presently, _____ is very responsive to strategies regarding combating his daily fatigue 75% of the time. The remaining 25% of the time, _____ will fall into a sleep for 3-10 minutes.
Outcome Target: _____ goal is to be as independent as possible in his morning routine and ADL
Barriers to Achieving Goal: - _____ has allowed RSW to assist in toileting routine but stills feels more comfortable with mother assisting and using techniques that can prevent Kyle from learning to be more independent in his toileting routine. -Due to fatigue, sustained focus and attention to morning routine can be difficult for _____.
Strategies to Overcome Barriers: - RSW's establishing rapport and relationship with _____ and his mother -RSW regularly to assist with toileting and encouraging small changes in routine slowly to allow _____ to have time to become more comfortable with change. -Regarding fatigue, a sleep study has been suggested by doctor (no details available at this time) -In order to continue to move forward and make gains in all areas, balancing of activity and rest as he continues to report fatigue.
RSW Comments: (Difficulties encountered, strategies utilized, behavioral outcomes): -Week of June 9 th _____ has requested that RSW Beth assist him in his toileting routine before RSW's visit is completed. This is a positive step for _____ in his routine that we will continue to build on for continued independence. -RSW has utilized the commode when _____ has a bowel movement at Kyle's request.

Goals of Intervention

Discipline Association/Goal: <i>Physiotherapy</i> Improve balance and mobility using on-going recommendations from PT
Activity/Strategy: Standing with cane from sitting position, pivoting, small steps forward and backwards. Challenge walking distance regularly. Arm stretches to improve tone and mobility.
Indicators/Benchmarks: With RSW's prompting and cueing, Kyle is now able to accomplish his morning routine independently without continually giving instruction.
Outcome Target: Kyle's personal goal is to walk independently
Barriers to Achieving Goal: Since Kyle has started his treatment program it has been observed and reported (by Kyle's mother and morning RSW's) that Kyle's appetite has increased - Kyle's food portions have greatly increased since his continued recovery. - Kyle's weight has increased which could affect Kyle's goal outcome as well as physical health. - Kyle has reported fatigue and has had difficulty in focusing and concentrating on task due to lack of nighttime sleep. Although Kyle's mother offers Kyle healthy food choices regularly Kyle prefers to leave the room and make his breakfast food choices from the hotel buffet - It is not clear how much weight Kyle has gained to date. - The concern is that continued weight gain will impede Kyle's rehabilitation and slow his progress, and also affect Kyle's overall health.
Strategies to Overcome Barriers: - Dietitian has been recently included in Kyle's support team (June 27, 2014) - Kyle and Kyle's mother are both motivated in implementing dietitians upcoming recommendations - Kyle has requested to eat most times in the hotel dining room for his breakfast, but has agreed to keep portions small and chooses healthy food choices. - Kyle is also receptive to RSW's suggestions on substitutions for higher fat items to healthier food choices. - When fatigued, Kyle will take small breaks but then continues to complete physiotherapy tasks.
RSW Comments: (Difficulties encountered, strategies utilized, behavioral outcomes): Kyle struggles with monitoring his appetite and his desire for carbohydrates, which brings daily discussions. Since June 22, 2014 Kyle has began to walk and pivot with noticeably less assistance from RSW in the mornings. Kyle is always positive and motivated to work with his team for improved recovery, which will be beneficial to reach these goals.
Additional Comments:

REHABILITATION SUPPORT WORKER

James Gillam
CLINICAL PROGRAM MANAGER

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Client Name:	Session Date/Time: Session1 February 3,2015, 9:30-11:30am Session 2 February 4, 2015 1:00-2:30pm Team Meeting	Rehabilitation Support Worker:
Medical Appointments: none known		
Discipline Association: Occupational Therapy/ Physical Therapist		
Activity: RSW to assist with physical Rehabilitation including: problem solving and decision making processes, this may include assistance with the identification of needs, assessment of safety issues as it relates to physical movement. Community outings new goals would include: JK to practice ambulating with the SPC with close supervision in community setting (e.g. shopping mall) – variable environments (e.g. wide open spaces, more crowded restaurant areas, etc.). RSW to facilitate walking and talking or walking and searching for large print signs that JK can search for within the environment, to facilitate increased walking speed and duration (track number of minutes without break and number of stumbles).		
Activity: Community outing- to navigate and purchase coffee, walk the mall looking for items and walk using different speeds while in the mall.		
Indicators/Benchmarks: Session 1: SM: 3.0, P: 11; A: M, AF: 2.5		
RSW Comments: Session 1: -RSW met JK at his home; JK was just finishing getting ready for the day. -RSW and JK went to the mall -JK used his cane to go into the mall, as JK doesn't walk outside with his cane yet, JK held onto RSW's arm into and out of the mall. -JK and RSW walked for 5 mins in the mall, then decided to have a coffee and chat -JK was greeted by the barista and he commented that we were out early today. -JK managed to sit without assistance and had his coffee -JK and RSW walked in the mall for 20 minutes after finishing the coffee. JK looked around for signs of stores he could read. At first JK wasn't looking high enough for the signs, and then soon found out where they were located within the mall. JK was able to find the stores "Flight Shop", "Toys r Us", and "Swarovski". -RSW noticed that JK was scanning the mall looking for the wall, and also for people and items in front of him -JK also let RSW know when he was ready for a break. JK and RSW sat on the bench in the mall and talked while he rested -JK and RSW went back to his place where JK used his key to open the door of his home. JK needed some prompting to put the key into the whole, but otherwise managed well with his cane and opening the door.		
Discipline Association: Speech Language		
Goal: To provide cognitive stimulation to this client using a variety of modalities including, discussion, memory and recall activities, processing games, word finding and orientation to here/ now. To utilize an organized and structure, plan, do and review approach to all activities of daily living. To assist with community activation, stimulation and socialization for enhanced quality of life. JK and RSW to work on being concise, direct and to the point while talking. JK to pause and give thought to how he wants and what he wants to say to the listener. Also to continue with word finding when necessary during conversation.		
Activity: Assist with speech and language stimulation as directed by Speech Language Pathologist.		
Indicators/Benchmarks: Session 1: SM: 2.5, P:3, A: T, AF: 3.0		
RSW Comments: (Difficulties encountered, strategies utilized, behavioral outcomes) Session 1: -JK and RSW talked about various topics. JK was elongating the story and RSW cleared her throat, JK laughed and then went back to the point of the story. JK also needed two prompts for word finding, RSW used a synonym and the start of the sound of the word one time -and each time JK was able to find the word he was looking for in the conversation. JK was telling RSW very funny stories today, JK and RSW laughed a lot during the session.		

Additional Comments: Next session with JK is Wednesday, Feb 10th, 2016, 9:30-11:30am, and Thursday February 11th, 2016, 12:30-2:30pm 1) Self Motivated= S.M 1-5 (1 required multiple prompt, 5 required no prompts) 2) Prompts required = # of prompts 3) Successes- 1-25 (Number of activities successfully completed) 4) Affect=A (T tired, F frustrated, M motivated, R refusal, C compliance) 5) Ability to focus= AF 1-5 (1 unable to focus, 5 maximum focus)
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Declaration: Medication list is recorded to the best of our knowledge and should always be verified by the client and treating Physician(s)
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DAVID MACDONALD

PARTNER



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David has been practising personal injury litigation and helping car accident victims who have suffered catastrophic injuries for over twenty five years. He is Certified as a Specialist in Civil Litigation by the Law Society of Upper Canada, recognized by Lexpert® as consistently recommended for Personal Injury Litigation by Ontario's personal injury lawyers, and acknowledged as a Best Lawyer in Civil Litigation practice by Best Lawyers Canada. David has advocated to the government on behalf of car accident victims for fair laws for accident benefits and compensation. He has worked as a board member of Peel, Halton, Toronto and Hamilton Brain Injury Associations. In 2003 the Minister of Finance chose David from all personal injury lawyers in the province, and appointed him a member of Executive Committee to the Superintendent of Insurance for Ontario's Auto Reforms Implementation Committee.

Cont'd.

For more information on David MacDonald, please visit:
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THOMSON ROGERS

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David publishes and lectures to lawyers, adjusters and health care practitioners on Catastrophic Injury Determination quarterly. Annually, he is Guest Lecturer on Litigation Experts at The University of Western Ontario Faculty of Law. David has conducted and won several arbitrations and many personal injury trials arising from car accidents and Municipal Liability. David provides, without expense, in-person initial consultations at hospital or home and is available by cell at 647-290-7291.

TESTIMONIALS

"Over a year and a half ago I entered into a boardroom and cast eyes with a humble gentleman, for lack of a better word. He seemed somewhat unassuming, but, he was the ONLY ONE who showed up from the list of names that was presented to me. I was quite torn, sick, crying, etc., with every sign of broken parts and patches of ALL SORTS. That was convincing enough for me to say — without a shadow of a doubt — please represent me.

To date, I am 100% satisfied that I made the right choice. David, you did a wonderful job! I can't find the words to describe my level of satisfaction. You could not have done a better job. It is remarkable and I would recommend ANYONE to trust you – and they would NOT regret their decision.

Thank you David from the bottom of my heart.

God bless you and keep up the excellent job you are doing.

Also, your staff have been amazing."

- Yvonne

"Dear David MacDonald and the staff at Thomson Rogers,

It has been a great support to Dave and myself to have You, and the team at Thomson Rogers represent us in Dave's recovery, and the claim for insurance. With his brain injury, he needed so much support and daily therapy. You quickly put a team of great therapists together to meet his needs. Your involvement managed a successful settlement of the benefits he was entitled to. It gave me the time to attend to his needs, without worrying about the legal and financial end of things. This has allowed Dave to come so much further than was ever expected. When you brought him to the Acquired Brain Injury Art show, you brought back his will to draw. You are so aware of the needs of people with brain injury, you were able to put all the right tools for his recovery in place. From unpaid wages to housing, you took care of it all. You were able to prove Dave's needs for re-education. You put us in decent housing after being placed in housing that could not meet my son's needs. You made sure all his needs were met and then some. I could not have managed all the issues that came up throughout my son's recovery without you and the staff and clerks at Thomson Rogers. You are a special team of people.

Thank you for all your help."

- F. Rose – Dave's Mom

For more information on David MacDonald, please visit:
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