



PERSONAL INJURY
ASSESSMENT SERVICES



AUGUST NEWSLETTER

Could we seek your assistance?

Following a recent near incident we are currently reviewing our Occupational Health and Safety policy for Field Work.

As you are aware, in order for our Consultants to prepare a Care and Domestic assistance report they are required to visit the plaintiff at their home. The majority of our Consultant Occupational Therapists and Physiotherapists are female and always work alone in the field. Whilst we pre-screen for risk prior to the home visit we now consider it necessary to take additional steps.

Could we kindly request that you alert us if you have any knowledge of the following:

If the plaintiff or another person visiting or residing in the home has:

- a history of crime, violence or verbal aggression
- a recent history of drug or alcohol abuse
- possession of weapons

In the event you do alert us to any of the above, we will then assess the risk and take steps to mitigate; it may be that another staff member accompanies the Consultant or in extreme cases we may request the assessment take place at an alternative location.

As a prompt, we will also put a reminder note on our standard fax that acknowledges receipt of new case notes.

Thank you for your cooperation. Please don't hesitate to contact our office should you like to discuss this issue further.

Do you often wonder how our Experts reach the past and future hours that appear in their reports ?

Past Care

In documenting past care, our experts not only benchmark against ABS data but will consider a number of other key factors which may include:

- The clients impairments and how these would potentially restrict a persons participation in activities;
- Any identified risks which would restrict participation in activity as identified in the relevant medical reports which have been forwarded to the expert e.g. high falls risk, fracture risk etc;
- The presence of any pre-existing conditions which may have already been restricting or inhibiting participation irrespective of the subject injury;

- The size of the dwelling in which the client has been living in since their injury;
- Any environmental hazards or access issues which may restrict a persons participation in pre injury activities e.g. client could not contribute to laundry as the laundry is located down many stairs and the client is wheelchair bound;
- The number of people and ages of others living in the dwelling with the client;
- The clients pre injury roles and contributions to tasks;
- Additional circumstances e.g. whether the injured person had a disabled child, provided care to a relative etc;
- Cultural factors (which may influence levels of participation and expectations regarding roles).

Over reporting of past care

If clients and/or their families provide past care details which could be considered excessive, the expert will explore with the person (at the time of the assessment) how their figures have been determined to ensure only relevant activities are included within certain categories.

Under reporting of past care

If clients and/or their families appear to under report the amount of past care which appears to have been provided, the expert may contact another family member (with permission of the client) to determine whether additional care may have been provided (but perhaps has not been disclosed by the client for some personal reason).

In either scenario, the expert will document what the client claims they have received in relation to past care and the also list figures of reasonable and necessary care given the clients impairments and the points detailed above.

Future Care

In formulating an opinion relevant to future care, our experts first determine what is the aim in providing care. This could be to :

- Ensure a clients safety;
- Eliminate the current demands upon other family members;
- Minimise the risk of further injury/damage which may occur if the client continues to participate in an activity;
- Enable the client to resume as close as possible their pre injury roles in routine activities of daily living and instrumental activities of daily living.

To determine a client's requirement for future care, our experts again use a variety of sources of information to come to a considered opinion.

This may include:

- What level of care is currently being provided and does this meet the clients needs, does not meet their needs or is excessive to the clients requirements;
- Care giver issues: is their care giver an elderly parent with their own health issues;
- Are there risks created by the inadequacy of care e.g. client left alone when they lack the skills to remain safe;

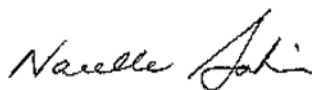
- Will the client/family accept/want care e.g. many people find having carers in their home stressful and a burden;
- Is their home environment anticipated to change e.g. they are planning to move;
- Are internal family situations likely to change e.g. young adult children will soon be moving out, marital situation has deteriorated and separation may occur;
- Does the client have a subsequent condition which may affect care e.g. additional surgery anticipated;
- Cultural expectations;

Our experts also consider additional issues such as:

- The impact of aging with a disability and the potential likelihood of declining function such as reduced movement, increased pain etc e.g. post traumatic arthritis associated with fracture;
- The elevated risk for clients with a traumatic brain injury to develop Alzheimers disease in the future;
- Documented risks for future fractures based on e.g. high number of falls post injury and/or osteoporotic disease.

Constantly striving to improve CDC has recently held a workshop with all our Experts to develop our own internal guidelines based on the principles of reasonable and necessary for participation/completion of activities such as laundry, garden maintenance, domestic cleaning etc. This document has already proven to be of great value to our Experts when formulating their DA opinions and in turn will make our reports stronger so they withstand the rigors of the Courts scrutiny.

Kind regards,



Narelle Sohler



Helen Wood