



Assessing Function Post-Accident: *Role of the Occupational Therapist*

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Results of the 2001 national research study commissioned by the Canadian Coalition Against Insurance Fraud (CCAIF) indicate healthcare costs and personal injury claims are rising across the country despite a decrease in the number of serious collisions in the past few years. According to the CCAIF study, opportunistic fraud – exaggerating the extent of an otherwise legitimate injury for financial gain – is contributing to these rising costs. Care must be exercised so as not to confuse claimants legitimately in need of benefits and medical/rehabilitation services with those who are outright intent on “ripping off” the system. Occupational Therapists (OT) and other health care providers have a role to play in helping to contain these costs by identifying those individuals, through appropriate assessment, who are truly in need of services and/or treatment intervention.

Regular, open communication and an appreciation of the roles and relationships between all parties - claimant, insurer, lawyer, OT and other health care providers – promotes cooperation and common understanding of the claimant’s impairments and how proposed treatments or recommendations might maximize function.

OT assessments can be conducted within various contexts – home, school, workplace, and community. The OTs role is to look at the total context within which the claimant functions and to provide evaluation and comments on the individual’s ability or inability to perform daily tasks and recommendations on how function might be improved.

The purpose of involving an OT in the accident benefits/medico-legal process is to provide an objective assessment of the degree to which an injury or impairment has affected a claimant’s ability to work, to perform activities of daily living and home management tasks, and to engage in recreational and social activities. This information may be needed for insurance or legal deliberations regarding the individual’s entitlement to benefits and eligibility for

funded goods and services or for settlement negotiations between the claimant's legal representative and the insurer.

When various factors "don't add up", the OT may need to explore discrepancies with the claimant so as not to arrive at invalid conclusions. From an ethical standpoint, it is inappropriate for an OT to speculate on the claimant's motives – ulterior or otherwise. Rather, functional inconsistencies should be noted in the assessment report and specific examples used to highlight the discrepancies.

An OT's report should include objective and subjective information gathered during assessment, as well as reviewed reports and/or information gathered from other sources. In addition to impairments, functional problems, consistencies, discrepancies and observations, the OT's analysis and opinion related to claimant function and ability to perform pre-accident tasks should be recorded. Substantiating medical information that is not available should be indicated. Finally, when warranted, recommendations are put forward for care, services, adaptive equipment or other rehabilitation interventions and respective timeframes which would enable the claimant to reach his/her maximum level of functional independence. This information assists the insurer in determining a claimant's benefit eligibility. It may also be used as a basis for goal setting and further rehabilitation planning.

Further medical assessment and/or psychological intervention may be warranted in cases where claimants genuinely perceive themselves to be more disabled than they present. Education on injury and recovery, principles of hurt vs. harm, use of assistive devices, activity pacing and emotional support, are tools used by the OT to build claimant confidence in gradually resuming more functional activity. Some claimants may, however, be less motivated to improve for reasons of secondary gain – hopes for financial settlement, increased attention from friends and family, or avoidance of pre-accident home or work responsibilities.

The conclusions and recommendations reached by the OT are based on:

- Document review and/or information gathering from family and health care providers.
- Claimant interview to determine pre-accident activity level, pre-existing health status, accident-related history, course of treatment, progress to date, perception of injuries and functional implications.

- Physical assessment including a formal screening assessment to gather objective information regarding musculoskeletal status (range of motion, muscle strength, mobility, dexterity, reaching, lifting and carrying capacity).
- Functional assessment in which a claimant demonstrates the ability to perform (when medically appropriate) actual activities within the home or workplace.

All health professionals, including OTs, have a responsibility to provide treatment and service pertinent to the accident injury in a way that illustrates fairness, objectivity and professionalism. It is also the role of the OT to contain medical rehabilitation costs where appropriate and identify those individuals, through proper assessment, who are truly in need of services, and to facilitate and maximize recovery.

A few words about the author...Christine Bell, M.Ed., OT Reg. (Ont.), CCLCP holds the position of Executive Vice President with Nancy Haston & Associates Inc. This article was originally published in the September 2002 issue of Challenges and Champions, a publication of the Canadian Coalition Against Insurance Fraud and IBC's Investigative Services.



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