



## COVER SHEET


REPORT PREPARED FOR THE PURPOSE OF A PROCEEDING IN THE ADMINISTRATIVE  
APPEALS TRIBUNAL

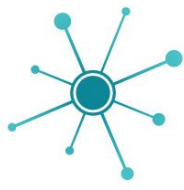
<b>File Number(s):</b>	AAT Proceedings Number: 2023/7106
<b>Applicant:</b>	Ms Rebecca Francis
<b>Respondent:</b>	
<b>Report prepared by:</b>	Trudie Warner Registered Occupational Therapist

<input checked="" type="checkbox"/>	I have attached my CV or included in the report details of my qualifications and/or experience.
<input checked="" type="checkbox"/>	I have attached the letter of instruction or included in the report details of the questions or issues that I was asked to address and a reference to any documents or other materials that I was given to consider.
<input checked="" type="checkbox"/>	I have included in the report details of the facts and any assumptions that inform the report and the sources for the factual information in the report.
<input checked="" type="checkbox"/>	I have included any other relevant matters such as details of examinations, tests and other investigations that I have relied upon or details of literature and other secondary sources that I have relied upon.

### ***Declaration***

I acknowledge that I have an overriding duty to provide impartial assistance to the Tribunal. No matters of significance have been withheld from the Tribunal.

		15.09.2024
(Signature)		(Date)



# Assessment Hub

*Where the experts are.*

## Occupational Therapy Report

### Functional Capacity Assessment

Name:	Ms Rebecca Francis
Address:	34 Dudley Rd, Charlestown NSW 2290
Impairment:	Heart Condition Psychosocial Diagnoses.
Date of Birth:	06/01/1986 (38 years)
Assessment Date:	06/09/2024
Report Date:	16/09/2024
Present at Assessment:	Ms Rebecca Francis (Applicant) Trudie Warner (Registered Occupational Therapist)
Our Ref:	11929
Your Ref:	NXL:IHEA:9373164

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## PURPOSE OF ASSESSMENT

The assessment was completed at the request of Maddocks Lawyers letter of instruction dated, 1 September 2024.

*We act on behalf of the National Disability Insurance Agency (**Respondent**) in a proceeding commenced in the Administrative Appeals Tribunal (**Tribunal**) by Ms Rebecca Francis (**Applicant**).*

- 1. Request for assessment and report** 1.1 Thank you for agreeing to assess the Applicant and provide an independent expert report. We confirm the details of the assessment are as follows:

**Date:** Friday, 6 September 2024

**Time:** 10:00am

**Address:** 34 Dudley Road, Charlestown NSW 2290

## 2. Background

2.1 The Applicant is 38 years old (DOB: 6 January 1986) and seeks access to the National Disability Insurance Scheme (**NDIS**) on the basis of impairments arising out of:

2.1.1 diagnoses affecting her heart; and

2.1.2 psychosocial diagnoses.

2.2 The Applicant's request for access to the NDIS was denied. The Applicant has requested that the Tribunal review the Respondent's decision.

## 3. Scope of your assessment

3.1 We ask that you prepare a written report, based on the enclosed documentation and on an in-person assessment of the Applicant, and comprising your professional opinion as an occupational therapist that addresses the functional capacity of the Applicant and the questions set out in Annexure A.

3.2 You must, when answering each of the questions below:

3.2.1 set out the facts, matters and assumptions that your opinion and reasoning are based on;

3.2.2 demonstrate that your opinion is wholly or substantially based on your specialised knowledge (which in turn is based on your training, study and experience);

3.2.3 be as detailed as possible and confirm whether the answer is based on your observation or based on information provided to you by the Applicant or any other source, including external sources.

3.3 You are welcome to include photographs you have taken as part of the assessment. However, please ensure that any photographs are only taken with the Applicant's express consent.

3.4 Please inform us as soon as possible of any further documents and instructions which you require in order to prepare your report.

3.5 Please do not comment on whether the Applicant satisfies the legislative criteria. Rather, your report will be provided to the Tribunal, to inform its own assessment of whether the legislative criteria is met.

3.6 You may also be required to give expert evidence in person at the hearing of this proceeding. A hearing is not yet listed in this matter, and we will keep you updated as to if and when the matter is listed for a hearing.

#### **4. Documents**

4.1 Enclosed with this letter is a brief of documents identified at Annexure B.

#### **5. Guideline for persons giving expert and opinion evidence**

5.1 Although you are engaged by the Respondent, your overriding duty is to provide impartial assistance to the Tribunal.

5.2 We enclose a copy of the Tribunal's Guideline for persons giving expert and opinion evidence. Please comply with the matters set out in the Guideline.

5.3 Please state, in your report, that (as required by the enclosed Tribunal Guideline):

5.4 Please:

5.4.1 complete and attach the Tribunal's cover sheet to your report (copy enclosed); and

5.4.2 attach your resume and a copy of this letter of instruction to your report.

#### **6. Completion and disclosure of report**

6.1 Your report (and this letter of instruction) will be provided to the Tribunal and to the Applicant. A copy of your report will also be retained on the Respondent's file as information relevant to the assessment of the Applicant's disability needs from time to time.

6.2 Please provide a copy of your report by **close of business on 26 September 2024**. If you will have any difficulties in meeting this time frame, please let us know as soon as possible.

## CODE OF CONDUCT

In the preparation of this report, I rely on over 25 years' experience as an occupational therapist in private practice settings. I have experience in the areas of musculoskeletal injuries, orthopaedics, neurological conditions, mental health, and rehabilitation. I have over fifteen years specialisation in the medico-legal field. I am registered with Australian Health Professional Regulation Agency (AHPRA) and am a member of the SIRA Authorised Health Practitioner Panel (medicolegal). I engage in ongoing education to align my practice with the most current knowledge available. As I also have case management experience in vocational rehabilitation settings (Workers' compensation, CTP, and Life Insurance), recommendations in this report will be made from both clinical occupational therapy and case management perspectives.

In the preparation of this report, I rely on a combination of my clinical experience, observation of Ms Francis as she performed selected routine daily living activities, an extensive in-depth interview, medical reports provided by Maddocks Lawyers, and web-based research.

I acknowledge that I have an overriding duty to provide impartial assistance to the Tribunal. No matters of significance have been withheld from the Tribunal. I confirm that I have prepared this report to the best of my ability, and I have made all the inquiries which I believe are desirable and appropriate (save for any matters identified explicitly in the report), and no matters of significance which I regard as relevant have, to my knowledge, been withheld from the Tribunal.

I have read and agree to comply with Confidential information and data breach notification obligations.

## THE ASSESSMENT PROCESS

The assessment took place over a 2.5-hour period at Ms Francis's home and comprised an interview and observation as she carried out routine daily living activities

The purpose and process of the assessment was explained to Ms Francis, and she agreed to proceed. Photographs of Ms Francis were taken with permission and are included in Section 16.

The assessment consisted of the following:

- Review of documents provided as listed below;
- In-depth interview with Ms Francis;
- Observation of Ms Francis within the home environment;
- Standardised assessments:
  - ✦ WHODAS 2.0 (Completed by Ms Francis)
  - ✦ The Lawton's Activities of Daily Living Assessment
  - ✦ The Care Needs Scale
  - ✦ The Fatigue Severity Scale
  - ✦ Community Integration Questionnaire Revised (CIQ-R)

## Schedule of Reports and Documents Provided and Reviewed

1. Report – Sandra McBurnie, Consultant Occupational Physician	28.08.2023
2. Transthoracic Echocardiogram Report – Dr Patrick Diu, Cardiologist	08.12.2021
3. Letter – Dr Patrick Diu, Cardiologist	10.12.2021
4. Letter – Dr Patrick Diu, Cardiologist	18.01.2022

5. Letter – Dr Patrick Diu, Cardiologist	06.05.2022
6. Letter – Dr Patrick Diu, Cardiologist	31.05.2022
7. MRI Report – Dr Stuart Murch and Dr Scott Quadrelli	10.06.2022
8. Medical Certificate – Dr Natalia Carter, General Practitioner	22.06.2022
9. Letter – Dr Patrick Diu, Cardiologist	24.06.2022
10. Letter – Dr Patrick Diu, Cardiologist	18.07.2022
11. Email – R Francis, Applicant, to Dr Patrick Diu, Cardiologist	25.07.2022
12. Referral – Dr Natalia Carter, General Practitioner	23.08.2022
13. CT report – Dr Lisa Gallagher	28.08.2022
14. Letter – Riley Holohan, exercise physiologist	23.09.2022
15. Letter – Dr Roslyn Mozer, NSW Health	28.09.2022
16. Letter – Dr Roslyn Mozer, NSW Health	30.09.2022
17. Letter – Dr Roslyn Mozer, NSW Health	30.09.2022
18. Letter – Dr Patrick Diu, Cardiologist	07.10.2022
19. Report – Riley Holohan, Exercise Physiologist	17.10.2022
20. Pathology results - NSW Health	16.01.2023
21. Discharge Referral - Dr Samuel Hebblewhite	02.01.2023
22. Discharge Referral - Dr Joseph Pierchorowicz	16.02.2023
23. Letter – Dr Danielle Anthony, Psychologist	27.02.2023
24. Access request form – Dr Natalia Carter, General Practitioner	01.03.2023
25. Initial Treating Doctor Statement, Dr Natalia Carter, General Practitioner	16.03.2023
26. Letter – Dr Michael Pollack, NSW Health	16.03.2023
27. Report – Riley Holohan, Exercise Physiologist	16.03.2023
28. Report – Dr Ferris Touma, Cardiologist	28.04.2023
29. Letter - Terri Appleby, Applicant's mother	21.05.2023
30. Letter – Nathan Francis, Applicant's husband	25.05.2023
31. Letter – Rebecca Francis, Applicant	25.05.2023
32. Letter – Adrian Taricani, On Point	Undated
33. Letter – Dr James Molloy, Norwest Private Hospital	Undated
34. Report – Kerri Randon, Occupational Therapist	Undated
35. Sleep study – Dr Michael Hayes, Consultant General, Respiratory and Sleep Disorders Physician	12.09.2022
36. Letter – Dr Danielle Anthony, Psychologist	16.02.2024
37. Letter – Dr Wendy Bridges	20.02.2024
38. Impact statement – Rebecca Francis, Applicant	26.02.2024
39. Letter – Dr Ferris Touma, Cardiologist	21.03.2024
40. Letter – Dr Sagun Banjade, General Medicine Physician	28.05.2024
41. Letter – Stephanie Seymour, Personal Trainer	Undated
42. Documents produced under summons by Rankin Park Day Hospital	Various
43. Documents produced under summons by Psychology One	Various
44. Guideline for persons giving expert and opinion evidence	30.06.2015

## AVAILABLE MEDICAL INFORMATION

Report Dr Sandra McBurnie, Occupational Physician (28 August 2023)

*She has a history of chest pain and breathlessness dating back to a few days after the Pfizer vaccination for COVID.*

*She had COVID in April 2022 and after that had an increase in chest pain, breathlessness, fatigue and tachycardia.*

*The cause of the incapacity is her medical status and functional tolerance. She has symptoms that at present fall under the umbrella term of Long Covid, which is an evolving issue.*

*There is no specific treatment but current evidence suggests that most people do appear eventually to get better. Symptoms have persisted, however, in a small cohort.*

*At present she would not be able to do any of the duties reliably or productively. All mental and physical activity is exhausting. She spends most of the day in bed.*

*The progress report from the physiotherapist dated 6 April 2023 was noted. The cycling was done on a recumbent bike according to Ms Francis. Over 6 minutes she was able to do 1.93 km in August 2022 and 1.06 km in April 2023. A graded exercise program can be problematic as some individuals have worsening symptoms with exertion. Ms Francis appears to be in that cohort.*

*She has already looked at sleep hygiene measures. Medication and techniques to help sleep from a psychologist may be helpful.*

*Ms Francis is unable to work at present because of Long Covid Syndrome causing chronic fatigue, cognitive impairment (brain fog) and Postural Orthostatic Tachycardia Syndrome.*

*Cardiologist, Dr Herman concluded that Mr Francis does not have a cardiac condition preventing her from performing the duties of her occupation, but has POTS (Postural Orthostatic Tachycardia Syndrome) and chronic fatigue as part of Long Covid Syndrome.*

*Psychiatrist, Dr Sivaruban concluded that Ms Francis was fit to work from the perspective of her psychological health.*

*Dr Herman, cardiologist, noted that Ms Francis had a vaccine related pericarditis given that symptoms occurred within a few days of Pfizer vaccination. Dr Herman was of the opinion that myocarditis was related to the subsequent COVID infection*

*Dr Sivaruban diagnosed an adjustment disorder with mixed anxiety and depression. The doctor concluded that Ms Francis would be able to return to work from a psychological perspective.*

Letter – Dr Patrick Diu, Cardiologist (10 December 2021)

*Ms Francis has chest pain suggestive of possible pericarditis after her CoVID vaccination.*

Letter – Dr Danielle Anthony, Psychologist (27 February 2023)

*Rebecca continues to access therapy to manage ongoing life stressors recently mostly related to her health and adjustment to long-Covid, pericarditis and cardiomyopathy. This has resulted in an extended break from her employment. This has been a difficult adjustment given her work has been a strong part of her identity. This has also meant that her marital relationship and familial dynamics have also changed with Rebecca needing to rest frequently and her limited energy and restrictions on activities has led to a reduction of participation of meaningful activities with her family. At times these restrictions and limitations have initiated episodes of depression. With her ongoing physical health condition, there is a*



*risk of negative thought patterns being reinforced and so increasing her capacity and sense of achievement is crucial to buffer these times.*

*At our last session on 9/2/2023, Rebecca reported euthymic mood and a positive view of the future. She does have variations in anxiety which are a focus in our sessions. Given there are a number of identified risk factors and ongoing physical health stressors, further sessions will focus on assisting with monitoring mood and consolidating skills to assist any deterioration of mood and minimise relapse. Given Rebecca's limited energy and fragile health, managing her mood is imperative for her functioning as a parent and partner in her marriage and a worsening of mood would impact significantly her family unit.*

*In my opinion, NDIS support would be greatly beneficial for Rebecca as it is my understanding that her specialists have reported that her health condition is enduring and likely not to resolve and so being able to access support with managing daily activities would be protective to her health, both physical and mental. Building her capacity to attend to daily activities and ensure she is able to participate in community engagement and have meaningful protective relationships will be a significant help with her mental health.*

#### Report – Dr Ferris Touma, Cardiologist (28 April 2023)

*My best explanation for Rebecca's symptoms is chronic pain as part of a long Covid syndrome and postural orthostatic tachycardia which is also documented in long Covid. Patients typically make a full recovery from pericarditis and myocarditis. There is usually no long-term loss of amenities of life, loss of expectation of life, and / or disfigurement after pericarditis and myocarditis, especially with normal left ventricular systolic function and normal serum cardiac biomarkers.*

*(i) pericarditis and myocarditis usually require a period of rest and limitation of vigorous physical activity. Up to 3 months of physical activity limitation is required, especially for myocarditis. Any physical component to Rebecca's work, especially anything that will raise her heart rate significantly (greater than 100 bpm), should be avoided. With myocarditis, I typically assess left ventricular systolic function at 1 month, 6 months and then annually or as symptoms would suggest (clinical signs of heart failure such as pulmonary oedema or peripheral oedema).*

*(ii) I am unable to estimate the duration that Rebecca will experience chronic pain as I believe this is part of a long Covid syndrome, rather than acute myocarditis or pericarditis.*

*(iii) I believe the pain is part of a long Covid syndrome. The initial restrictions after acute pericarditis and myocarditis are usually up to 3 months. The ongoing restriction in activity is due to postural orthostatic tachycardia syndrome and pain is part of the long Covid syndrome.*

*I hope this is helpful.*

#### Report Sagun Barjade, General Medicine Physician

*Before 2021, She used to be a high functioning mum – with a demanding job of general manager of multiple sites, doing bookkeeping for her husband who owns a building company, looking after her son and her father with medical issues and actively volunteering in community programs such as P and C. She used to be active with regular bike riding, personal training and dog walking. She is no longer working or engaging in community activities due to her significant symptoms of long COVID as well as*

*myopericarditis. She is only minimally participating in her household activities in blocks and spends most of her energy caring for her family.*

*Her main symptoms are fatigue, post exertional malaise, brain fog, sleep disorder, Postural Orthostatic Tachycardia Syndrome (POTS), bowel symptoms, worsening of her arthritis/rash. Arthritis is likely psoriatic arthritis for which she is awaiting rheumatology review. I believe this has been worsened by long COVID.*

*With POTS, she gets chest pains, palpitations and dizziness with activities. This is potentiated by myopericarditis which is currently being managed by her cardiologist.*

*Rebecca has tried medications for long COVID which include Naltrexone, Nicotine patches, Ivabradine and antihistamines which have made some improvement in her levels of fatigue. There is no cure for LONG Covid. These medications help manage symptoms. The medications have improved her fatigue to some extent that she can participate in a slightly more meaningful way with her kids. She is still unable to fully carry out household tasks or be employed at any capacity.*

*Her mobility is limited by POTS symptoms and fatigue. Without POTS, a person's heart rate elevates in proportion to exercise, however in patients like Rebecca who have POTS, her heart rate is disproportionately elevated and remains elevated. This would preclude her from mobilising or walking significant distances. She mobilises long distances such as shopping mall on a mobility scooter.*

*She requires more sleep to recover from the level of fatigue she has, which leaves her with less time in the day. Sleep is also non-restorative and is partly the reason why fatigue is so significant. She can self care. But this does exhaust her leaving less energy for other activities.*

*Long COVID causes physical exertion but also causes cognitive exertion. This means that with cognitive tasks such as planning and organising causes significant fatigue. Similarly, Rebecca finds it exhausting socialising which is a well known phenomenon in LONG Covid.*

*Part of cognitive fatigue in LONG Covid that Rebecca is suffering from is also brain fog which manifests as cognitive slowing, memory lapses and word finding difficulties. This makes learning new skills extremely difficult. Household planning and organising takes more effort and takes longer. This will in turn contribute to further physical and cognitive fatigue as Rebecca is experiencing. Rebecca is finding everyday tasks challenging such as grocery shopping, planning kids activities, helping kids with school work, playing games with kids to name a few.*

*To my knowledge, Rebecca is trying her best to manage the situation to the best of her abilities, but this is challenging without further help. She is exhausted with minimal physical and cognitive tasks required to run a family.*

*This is a significant reduction in her physical and mental capabilities after the diagnosis of myopericarditis and LONG COVID.*

*Future of patients with long COVID is unknown. We have tried different medications for Rebecca some of which have worked to some extent. Her abilities may improve over time especially if new therapies become available for LONG Covid. Sometimes this may improve over time. She has made small improvements in the last two years.*

*Her fatigue and functional limitations are however likely to persist at least in the immediate to medium term which could be years. As this is a new entity, we will know the future of the disease as time*

*progresses. I will continue to look after her progress from Long Covid through Clinic Nineteen. This is having significant physical, mental, social and economic impact on her and her family life. Pacing and slowing down help fatigue that is associated with LONG Covid and is likely to aid recovery.*

*Due to the reasons above, I support Rebecca's application for NDIS support. With support, she will be able to focus on her recovery and use her energy in meaningful way with her family.*

## **PARTICIPANT BACKGROUND & SOCIAL SUPPORT**

### **Participant Presentation**

Ms Francis is a 36-year-old, right hand dominant woman.

Ms Francis was wearing tights and a t-shirt. Her hair was loosely pulled back and she was not wearing make-up.

At the time of assessment Ms Francis was wearing a CAM (Controlled Ankle Movement) boot on the right foot. The CAM boot is used to manage flare-ups of psoriatic arthritis in her foot. She stated that since October 2023 her arthritis symptoms have been severe. She initially wore the CAM boot fulltime from October 2023 to February 2024. The symptoms then settled for two months before flaring again. She advised that at present she is wearing the CAM boot at all times on right foot.

Her presentation aligned with her reported difficulties with physical exertion and the need for simplifying daily routines to manage energy levels and physical capabilities effectively.

Ms Francis was wearing two monitors, which she wears at all times. The first watch continuously monitors her heart rate, allowing her to track variations and spikes in real time. This helps in maintaining awareness and managing activities to prevent overexertion. Ms Francis also wears another watch to monitor her blood pressure regularly.

Ms Francis was pleasant and cooperative. Ms Francis's mood was observed to be calm, stable, and congruent. She was oriented to time and place and was able to respond appropriately to all questions and subjects posed, and was able to articulately describe her conditions and the impact of these on her ability to perform everyday tasks including household and leisure activities. Ms Francis attempted all tasks as requested. Her performance was consistent on repetition. There was no indication of exaggeration or embellishment.

### **Participant Disabilities**

According to the Letter of Instruction Ms Francis is seeking access to the National Disability Insurance Scheme on the basis of:

- Vaccine-Induced Chronic Pericarditis and Myocarditis:
  - ✦ Chronic Pericarditis: This involves persistent inflammation of the pericardium, the sac-like covering of the heart. Symptoms typically include severe chest pain and complications like fluid accumulation around the heart.
  - ✦ Myocarditis: Inflammation of the heart muscle, which can affect the heart's electrical system, reducing the heart's ability to pump and causing rapid or abnormal heart rhythms (arrhythmias).

- Anxiety and Psychological Stress:
  - ✦ Her mental health has been affected by ongoing health issues, manifesting as anxiety and heightened stress, which exacerbate her physical symptoms.

Ms Francis reported that she received her first COVID vaccine on 6 September 2021. On 10 September 2021 she developed symptoms described as "feeling like a huge amount of bricks came down on my chest". The pain became excruciating and resulted in difficulty breathing. Following various investigations, she eventually underwent a cardiac MRI scan with contrast that reportedly demonstrated scarring around the heart and chronic pericarditis.

Ms Francis reported that she also has been diagnosed with the following medical conditions:

- Long COVID:
  - ✦ Following an acute COVID-19 infection in April 2022, she experiences prolonged symptoms typical of Long COVID, including extreme fatigue, heart complications, cognitive issues known as "brain fog," and increased vulnerability to physical and emotional stress.
- Psoriatic Arthritis:
  - ✦ A form of arthritis that affects some people who have psoriasis, marked by joint pain, stiffness, and swelling.

### Participant Symptoms

The following symptoms were reported or observed:

- Chest Pain: She frequently experiences severe and stabbing pains in the chest. Any physical, emotional, or mental overexertion can lead to significant increases in chest pain and other symptoms like losing feeling in limbs, mimicking heart attack signs. Due to the severity of the symptoms, she has experienced multiple situations requiring hospital care.
- Tachycardia: Episodes of rapid heartbeat that can occur even with minor stressors. Ms Francis reported that she experiences multiple episodes of tachycardia daily. When these occur she lies down until the symptoms settle. This can take up to 20 minutes. Ms Francis advised that her cardiologist has recommended that her heart rate be kept under 100 beats per minute (bpm) during rest and moderate activities to avoid triggering tachycardia and other cardiac complications. When engaging in any activity that could potentially increase her heart rate, she uses a timer to monitor the duration of the activity and checks her heart rate regularly to ensure it does not exceed the recommended limits. If her heart rate approaches 150 bpm, it's a signal for her to seek immediate medical attention or go to the hospital. This threshold is set to prevent severe cardiac events. These tools and strategies enable her to manage her health proactively, allowing for a balance between activity and safety given her complex cardiac conditions.
- Breathlessness: Difficulty breathing, especially during physical exertion.
- Fatigue: Extreme tiredness.
- Postural Orthostatic Tachycardia Syndrome (POTS): Characterised by an excessive heart rate increase upon standing. Symptoms include tachycardia, palpitations, light-headedness, and debilitating fatigue.
- Costochondritis - An inflammatory condition that causes pain in the chest due to inflammation of the cartilage that connects the ribs to the breastbone (sternum). The primary symptom is sharp, aching, or pressure-like pain along the front of the chest, which can be localized to one side or felt across a broader area.
- Cognitive Impairment (often referred to as "brain fog") including:

- Difficulty with concentration, memory, and processing information.
- Slowed thinking and difficulty finding words or following conversations.
- Sleep Disturbances: Non-restorative sleep, despite sleeping for extended periods.
- Anxiety: High levels of stress and worry, particularly about health and the ability to manage daily responsibilities.

### Living Situation

Ms Francis lives at 34 Dudley Rd, Charlestown NSW 2290. The home is a single level home with four bedrooms and one bathroom situated on a 866m<sup>2</sup> block.

### Informal Supports

Ms Francis lives with her husband, Nat, who runs his own building business, and their two children, Logan (10) and Harvey (8).

She has a network of family and friends who provide emotional and practical support, although the level of physical help varies.

Her informal support network consists of:

- Family:
  - Her husband is highly involved in both caregiving and managing household responsibilities due to her health conditions.
  - Her mother lives nearby and is a significant source of support, helping with domestic duties when she can.
  - Her brother in Sweden maintains regular contact, providing emotional support from a distance.
  - She has a strong familial connection with her cousins, which is a significant source of emotional support for her.
- Friends:
  - She has three close friends, who provide emotional support and understanding of her condition.

### Formal Supports

Her formal support network is detailed as:

- Healthcare Providers:
  - A new cardiologist in Sydney, Dr. Touma, and a range of specialists including a GP, acupuncturist, and chiropractor help manage her medical conditions.
  - She attends a long COVID clinic, which provides specialised care for her post-viral condition.
- Care Assistance:
  - She receives two hours of help per week from Out of Hospital Care services, focused on household chores like washing and changing beds. This support is temporary while she is in the queue for NDIS (National Disability Insurance Scheme).
  - Her son Harvey, who has Ocular Albinism, receives support under the NDIS, which includes funded therapies and assistance. This provides some structured support that indirectly benefits Ms Francis by reducing caregiving demands. A support worker attends the home on weekdays to assist the children to get ready for school, as she is too fatigued to manage these tasks.

## Treatment History

Ms Francis reported participating in a range of treatments including:

- Supportive Therapies:
  - ✦ Acupuncture.
  - ✦ Massage Therapy.
  - ✦ Chiropractic Care.
- Lifestyle Modifications:
  - ✦ Pacing Activities: She has been taught about pacing by a friend with Chronic Fatigue Syndrome (CFS), which helps in managing her energy levels and preventing exacerbation of symptoms.
  - ✦ Dietary Adjustments: Limited to light meals to avoid exacerbating breathlessness and tachycardia due to the energy diverted to digestion.
- Specialised Care:
  - ✦ Long COVID Clinic: Involvement in a clinic specialized in treating long-term effects of COVID-19.
- Experimental Treatments:
  - ✦ Nicotine Patch and Antihistamine: These are described as test drugs in her regimen, possibly aimed at managing symptoms of inflammation and improving her overall sense of well-being.

## Medication

Ms Francis currently takes the following medication:

- Amitriptyline.
- Ivabradine (Coralan): Prescribed specifically to manage symptoms of tachycardia.
- Doxylamine.
- Escitalopram.
- Pantoprazole: A proton pump inhibitor used to manage gastrointestinal symptoms.
- Proxen (Naproxen): An anti-inflammatory drug used to treat pain, including that from psoriatic arthritis.
- Cholechicine: Added occasionally for pain flare-ups.

## Assistive Technology in Use

Ms Francis is currently using the following assistive technology:

- Mobility Aids:
  - ✦ Wheelchair: She uses a wheelchair, purchased from ALDI, for mobility support, particularly when her heart rate or physical energy does not allow for walking.
  - ✦ CAM Boot: This orthopaedic device is used periodically, especially during flare-ups of psoriatic arthritis in her foot, to stabilise the joint and reduce pain when mobilising.
- Monitoring Devices:
  - ✦ Heart Rate Monitor: A watch that continuously monitors her heart rate, essential for managing her cardiac conditions by alerting her to potential overexertion.

- ▲ Blood Pressure Monitor: Another watch that tracks her blood pressure, helping manage her overall cardiovascular health and avoid episodes that could lead to emergency situations.

## Routine

Ms Francis stated that her routine is highly variable, depending on her physical condition, which fluctuates between "good days" and "bad days". She provided the following description of her routines:

### Good Days:

On good days, she experiences more energy and manages more tasks with less recovery time between activities. However, even on good days, her routine remains highly structured with frequent breaks to prevent symptom exacerbation.

- Waking Up: She typically wakes up at 11 a.m. after about 12–18 hours of sleep, depending on her energy levels. This extended rest is necessary to build enough stamina to face the day.
- Morning Routine: Upon waking, she takes her medications, brushes her teeth, and checks her heart rate. She rests for 5–15 minutes before continuing with her day. If feeling well, she may engage in light activity, such as throwing a ball for her dogs for about 5 minutes.
- Household Tasks: She tries to perform small household tasks, such as putting on a load of washing. However, this is followed by another rest period of 5–15 minutes to control her heart rate.
- Meal Preparation and Eating: Around lunchtime, she makes a small meal, usually something light, as large meals make her breathless. It takes her an hour to recover from eating a simple sandwich, with 45 minutes of rest after eating to bring her heart rate back under control.
- Afternoon Routine: On a good day, she may be able to tidy her room or do some other light household chores. The duration of these tasks varies, with her managing anywhere from 15 to 60 minutes before needing a break. Her maximum activity window is typically around 60 minutes, but this is rare.
- Treatment: She may attend a chiropractic appointment in the afternoon, which usually increases her heart rate, leaving her fatigued for the rest of the day.
- After-School Time: Her children come home around 3:30 p.m., at which point the demands on her increase. She helps them with homework and coordinates their activities, such as therapy sessions and extracurricular activities, depending on the day. These activities significantly increase her heart rate, and she finds it particularly difficult to manage this time of day.
- Dinner Preparation: Around 6:00 p.m., she begins preparing dinner. If she has energy, she might start preparing earlier, but she often struggles to manage this task as it can cause her heart rate to spike. By this time, she is typically feeling quite fatigued and stressed.
- Evening Routine: After dinner, she helps with getting the children to bed, takes a shower, and then collapses in front of the TV to rest. If she feels well, she might play a video game, but often she is too exhausted and finds such activities overstimulating.
- Friday Routine: On Friday afternoons, they have takeaway for dinner which enables her to sit with her children to watch movies, marking a calmer end to the week.

### Bad Days:



On bad days, she is highly fatigued, unable to perform many of her usual activities, and needs to rest frequently. She experiences severe tachycardia, pain, and emotional and mental exhaustion.

- Waking Up: On bad days, she wakes up later, often at around 2:45 p.m. due to extreme fatigue and the need for prolonged sleep.
- Morning Routine: Once awake, she follows the same basic routine of taking her medications and checking her heart rate. However, on bad days, her heart rate is harder to control, and simple tasks such as brushing her teeth may require extended rest periods.
- Household Tasks: Household chores are limited or completely avoided. If her heart rate spikes, she may not attempt tasks like washing or tidying.
- Afternoon Routine: On a bad day, she is unable to engage in any of her children's activities, and her husband, Nat, may take on these responsibilities. She often remains bedridden or seated for most of the day, only getting up when absolutely necessary.
- Meal Preparation: Dinner preparation is usually beyond her capacity on a bad day. Nat or her children will handle meal preparation, or they might order takeaway.
- Evening Routine: She typically spends the evening resting, lying down in front of the TV, and is unable to engage in any other mentally or physically stimulating activities. Bedtime routines for the children may fall to her husband.

#### Average Days:

On average days she is able to perform some tasks, she must pace herself carefully to avoid overexertion.

- Waking Up: Wakes up closer to noon, with a manageable level of fatigue.
- Morning Routine: Follows her routine of medication, brushing teeth, and checking her heart rate, with rest periods after each task.
- Household Tasks: She can manage some small household tasks like laundry or meal preparation but must take frequent breaks, and the duration of these tasks is shorter than on good days.
- Meal Preparation: She will attempt simple meal preparation, but may still rely on pre-prepared or easy-to-make foods to avoid strain.
- Afternoon Routine: She might engage in her children's after-school activities or coordinate their homework and therapy, but her involvement will be limited, with Nat often stepping in for more physically demanding tasks.
- Evening Routine: By evening, she is typically quite tired and spends the remainder of the day resting. Dinner is usually prepared earlier to prevent overexertion, but there are days where she forgets to start in time and ends up rushing, which can trigger symptoms.

#### Weekend Routine:

- Social Interaction: Once per month, she tries to go out for a social event, such as lunch or dinner. However, these outings cause severe post-exertional malaise (PEM), and it can take her up to five days to recover.
- Recovery: On most weekends, she rests to recover from the week's activities, limiting her social interaction to manage her energy levels.

#### Frequency of Good and Bad Days:



- Good Days: These are relatively rare and occur approximately once or twice per week, depending on how well she has managed her pacing and recovery during the week.
- Bad Days: Bad days happen about three times per week. On these days, she is largely incapacitated, spending the day resting and recovering from physical or mental exertion.
- Average Days: The rest of the time is spent in an average state, where she can manage minimal activities but must carefully balance exertion and rest. This is the most common state.

Her routine is reportedly dictated by her health condition, with good days allowing for limited activity and bad days requiring nearly complete rest. Her activities are carefully paced, and she frequently checks her heart rate and rests to prevent overexertion.

## Work

Ms Francis reported that her work situation has been significantly impacted by her health conditions, leading to a substantial reduction in her ability to engage in formal employment.

- Pre-Illness Work Situation:
  - ✦ She was a dedicated and hard-working professional with a background in management.
  - ✦ She previously worked as the General Manager of five chiropractic clinics and had a career that involved long hours, multitasking, and a high level of responsibility.
  - ✦ Prior to her vaccine injury, she maintained a demanding schedule, working 18-hour days in management positions. Her career was an important aspect of her identity.
- Post-Illness Work Situation:
  - ✦ After receiving the COVID-19 vaccine in September 2021, she developed chronic pericarditis and myocarditis. Despite these challenges, she only took two weeks off initially and continued to push through the symptoms.
  - ✦ Over time, her condition worsened. In May 2022, her health deteriorated to the point where she could no longer work effectively, and her boss became concerned about her having a heart attack at work.
  - ✦ She took three months off to recover in mid-2022, but even after that period, her ability to function had declined significantly. She attempted to return to work for one day per week in August 2022, but found that she couldn't participate in meetings or even understand what was being discussed due to brain fog and cognitive fatigue.
  - ✦ Specialists advised her to stop working entirely.
- Current Work Situation:
  - ✦ She has been unable to return to work since late 2022 due to her health conditions. The combination of severe fatigue, cognitive difficulties (brain fog, word-finding issues), and physical limitations has made any form of employment unsustainable.
  - ✦ Stopping work was a significant and difficult decision for her, as she had always been driven and career focused.
  - ✦ This shift required her to work closely with her therapist to come to terms with the loss of her professional identity.
- Business Management:
  - ✦ Prior to her illness, she managed the finances and bookkeeping for her husband's building business. However, since becoming ill, she is no longer able to perform these duties, and this has added stress to her husband's already full schedule.

- ▲ The management of their finances has fallen behind due to her illness, with their taxes being 2.5 years behind.
- ▲ Her husband, Nat, does not have the expertise to manage these tasks, which adds further stress to the household.

## HOME ENVIRONMENT

Ms Francis lives at 34 Dudley Rd, Charlestown NSW 2290. The home is a single level home with four bedrooms and one bathroom situated on a 866m<sup>2</sup> block.

Photograph 1: Living Area



Photograph 2: Significant Clutter in Laundry Area



Photograph 3: Laundry



Photograph 4: Family Bathroom

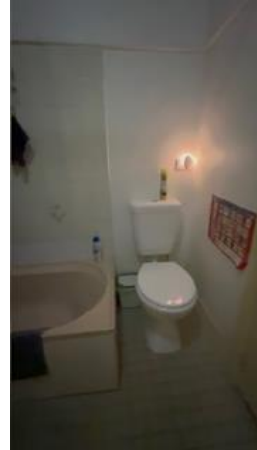


Photograph 5: Family Bathroom

Photograph 6: Family Bathroom



Photograph 7: Kitchen



Photograph 8: Kitchen



Photograph 9: Kitchen



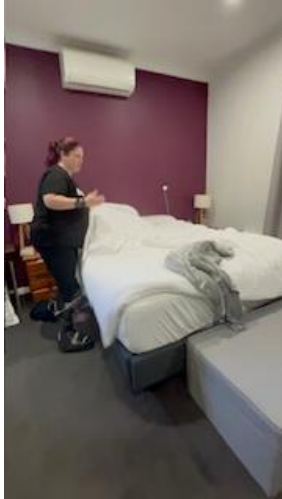
Photograph 10: Back Access & Yard



Photograph 11: Primary Bedroom



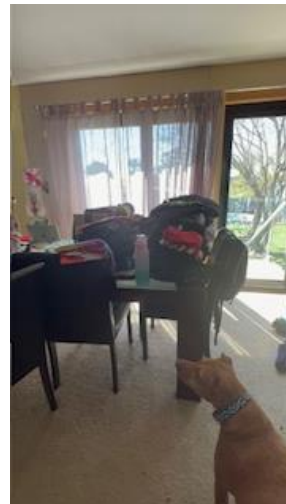
Photograph 12: Ensuite Bathroom



Photograph 13: Debris On Carpet



Photograph 14: Piles Of Laundry On Dining Table



## ASSESSMENT FINDINGS & RESPONSES TO QUESTIONS

For purposes of this report the questions as listed in Annexure A has been answered using the same numerical system for ease of reference.

**1. Communication:** *includes being understood in spoken, written or sign language, understanding others and expressing needs and wants by gesture, speech or context appropriate to age.*

*Based on your observation:*

*a) Is the Applicant able to communicate effectively with others? If not, why not?*

Response:

Ms Francis's speech was clear and coherent, and volume was normal. Communication was in an environment with nil background noise.

Ms Francis was observed to respond appropriately to requests and was able to follow verbal

instructions and directions.

Ms Francis reported that she is able to write, to send email responses and to use her mobile phone to make calls and send text messages to converse with family.

Ms Francis identified the following communication challenges:

- Cognitive Fatigue and Brain Fog: She experiences cognitive fatigue and brain fog, which make it difficult for her to process information, keep up with conversations, and respond appropriately. This can particularly impact her during complex discussions or if she has to focus for extended periods.
- Physical Symptoms: Her severe fatigue and tachycardia can worsen with extended talking or emotional stress. Engaging in lengthy or emotionally charged conversations can trigger symptoms like increased heart rate and breathlessness, making it difficult to continue communicating effectively.
- Voice and Breathing Issues: The chronic pericarditis and myocarditis can impact her breathing, which in turn affects her ability to speak for long periods. Shortness of breath can make it challenging to speak clearly or loudly enough, especially during flare-ups.

Ms Francis utilises the following adaptations to optimise her ability to communicate:

- Use of Technology: She may rely on text messages and emails for communication to manage when and how she engages with others, allowing her to respond at her own pace without the immediate physical strain of speaking.
- Limiting Social Interactions: She strategically limits her face-to-face interactions to manage her energy levels and symptoms. This includes setting boundaries about how often and in what contexts she meets people, preferring settings that are less physically and emotionally demanding.
- Preparation and Pacing: On days when she knows she needs to communicate more extensively, she may prepare by resting beforehand or scheduling interactions at times when her symptoms are typically less severe.

On days with minimal symptoms, Ms Francis may communicate relatively effectively, especially in one-on-one settings or in environments where she feels comfortable and supported. However, any physical or emotional stress can quickly reduce her communication effectiveness, requiring her to withdraw to manage her health.

While she has the capability to communicate effectively at times, her health conditions often impose limitations on her ability to do so consistently. She needs to carefully manage her energy and symptoms to maintain effective communication.

*b) What type and level of therapeutic assistance (if any) does the Applicant need to support her to effectively communicate with others? What does this support involve? If aids/devices are used, please specify.*

Response:

The following assistance recommended to enhance her ability to communicate effectively with others:

Capacity Building:

- Speech Therapy
  - ✦ To assess and develop strategies that help her manage the cognitive and physical aspects of communication affected by fatigue, cognitive fog, and respiratory issues.
- Psychology
  - ✦ To address anxiety and stress-related issues that exacerbate her communication difficulties, particularly during social interactions.
- Occupational Therapy
  - ✦ To integrate practical adjustments into her daily routines that can facilitate easier communication in her social and professional life including energy conservation techniques, scheduling advice to maximise cognitive function during critical communication times, and workspace modifications to reduce physical strain.
- Physical Therapy
  - ✦ To help maintain and improve her respiratory function and posture, which are crucial for effective speech.

Assistive Technology:

- Use of Assistive Communication Devices
  - ✦ Communication Software: Apps or programs that can assist in generating spoken or text communication if she has trouble speaking.
  - ✦ Smartphone/Tablet Apps: Use of voice-to-text apps that can assist her in communicating more fluidly when typing or speaking is physically taxing.

*c) Does the Applicant currently receive this support? If so, who currently provides this support?*

Response:

Ms Francis is not currently receiving specialised therapeutic assistance directly targeting her communication challenges.

*d) Do you consider that the Applicant has any reduction in her functional capacity for communication? If so, please provide details in answer to the following questions:*

- a. *What is the Applicant's capacity to understand language (receptive language)? Did you observe any change throughout the assessment session?*
- a. *What challenges, if any, did you assess and/or observe with regards to the Applicant's communication (expressive language)? Did you observe any change throughout the assessment session?*

Response:

- Receptive Language:

- ✦ Cognitive Fatigue and Brain Fog: Cognitive fatigue may make it difficult for her to follow lengthy conversations or complex instructions, particularly during extended interactions.
- Expressive Language:
  - ✦ Fatigue, breathlessness, and pain can limit her ability to speak for extended periods or engage in active conversation. The physical effort required to speak can exacerbate her symptoms, leading to reduced expressive capability.
  - ✦ Brain fog can affect her ability to find the right words and structure her thoughts coherently, which impacts her expressive language skills. This can make it challenging to communicate effectively, especially under stress or without adequate rest.
  - ✦ Anxiety and stress can further complicate communication by causing heightened emotional responses, which may interfere with her ability to express herself clearly.

Ms Francis reportedly experiences a reduction in her functional capacity for both receptive and expressive communication due to a combination of physical symptoms, cognitive impairment, and emotional factors. The extent of these challenges may vary from day to day, influenced by her health status, the level of fatigue she is experiencing, and the complexity of the communication required.

During the assessment Ms Francis's speech was clear and coherent, and volume was normal. Ms Francis was observed to respond appropriately to requests and was able to follow verbal instructions and directions.

**2. Social Interaction:** *includes making and keeping friends, interacting with the community, behaving within limits accepted by others, coping with feelings and emotions in a social context.*

*Based on your observation*

*a) Is the Applicant able to interact with others in social situations (e.g., by telephone, face to face, social media, group environments, community environments)? If not, why not?*

Response:

During the assessment, Ms Francis adhered to accepted social conventions such as greetings, turn taking in conversations and observing personal space. Her rate and volume of speech was also accordance with socially accepted norms.

Ms Francis' capacity for social interaction is significantly impacted by her health conditions, which dictate the nature and frequency of her engagements. Here's a summary of how her symptoms affect her social interactions:

- Phone Communication:
  - ✦ Prefers phone calls as they allow her to manage the duration and intensity of interactions.
  - ✦ She talks to her mother every two days for about 20 minutes and friends weekly.
  - ✦ Cannot engage in long conversations due to shortness of breath and fatigue, leading to the need for shorter, more focused interactions.
- Text and Email:



- ✦ Uses text and email but faces challenges due to the cognitive load of managing multiple messages and the stress from accumulated unread messages.
- ✦ Dedicates specific times (e.g., Sundays) to go through messages and schedule necessary appointments, which helps manage her cognitive load.
- Face-to-Face Interaction:
  - ✦ Limits face-to-face interactions with friends or family to once per month.
  - ✦ This frequency helps balance her social needs with her physical capacity, allowing for sufficient recovery time between social outings to manage symptoms like fatigue and post-exertional malaise.
  - ✦ Utilises a wheelchair or scooter for these outings to manage her physical symptoms and conserve energy.
  - ✦ Prefers accessible environments, indicating a strategic approach to choosing locations that accommodate her mobility needs.
  - ✦ Attended a concert at Acer Arena using a wheelchair.
  - ✦ Large venues and events can exacerbate her symptoms due to sensitivity to light and sound.
- Community Engagement:
  - ✦ Participation in community activities is challenging and requires significant planning, including considerations for mobility assistance, duration of the activity, and immediate access to rest areas.
  - ✦ Attends larger gatherings or events like concerts occasionally, with the use of mobility aids to manage her physical limitations.
  - ✦ These activities are less frequent and require significant planning and recovery time.
  - ✦ Drives to locations, avoiding crowded areas like Charlestown Square to reduce stress and manage energy.
  - ✦ Uses a Disabled Parking sticker to minimize physical exertion when accessing public spaces.

While Ms Francis retains a degree of social interaction, her capacity is heavily moderated by her need to manage energy, symptoms, and mobility. Strategic use of communication methods and mobility aids, along with careful planning of social engagements, are crucial for maintaining her social life without exacerbating her health conditions. These adaptations help her balance her social needs with her health requirements, although they significantly limit the spontaneity and frequency of her interactions.

*b) What type and level of therapeutic assistance (if any) does the Applicant need to support her to interact with others in social situations? What does this support involve? If aids/devices are used, please specify.*

Response:

To support Ms Francis in effectively managing and engaging in social interactions given her health challenges, she would benefit from:

- Capacity Building:



- ✦ Occupational Therapy: To help her develop strategies for energy conservation and physical endurance during social interactions.
- ✦ Speech Therapy: To provide exercises to strengthen her vocal endurance and strategies to communicate effectively despite cognitive fatigue.
- ✦ Psychology: To address any anxiety or stress related to social interactions, helping her develop coping strategies that allow her to engage more confidently and comfortably in social settings.
  
- Assistive Technology:
  - ✦ Mobility Aids: Use of wheelchairs or scooters for navigating larger social venues or community events to conserve energy and manage fatigue.
  - ✦ Smartphone Applications: Apps to manage social schedules.
  
- Support:
  - ✦ Ms Francis may require a caregiver to accompany her to social events to meet her physical needs (e.g., pushing her manual wheelchair) and providing immediate assistance if her conditions flare up during social interactions.
  - ✦ Transportation assistance to and from social venues to reduce physical exertion and fatigue.

*c) Does the Applicant currently receive this support? If so, who currently provides this support?*

Response:

Ms Francis has purchased a manual wheelchair from Aldi, which she uses during community access. Additionally, her husband provides transport assistance and accompanies her during social interactions.

*d) What barriers or circumstances directly impact the Applicant 's ability to effectively interact with others in a social situation?*

Response:

Ms Francis faces several barriers that directly impact her ability to effectively interact with others in social situations including:

- Physical Limitations:
  - ✦ Her conditions lead to severe fatigue, limiting the amount of time she can spend interacting with others before needing rest. This restricts her participation in social activities, especially those that are long or involve significant physical activity.
  - ✦ Mobility Issues: Due to her mobility limitations, she requires aids such as wheelchairs, which can restrict her access to many social venues that are not adequately equipped with accessibility features.
  
- Cognitive Impairments:

- Brain fog and cognitive fatigue make it difficult for her to follow conversations, remember details, or respond appropriately in social interactions, particularly in noisy or group settings.
- Prolonged focus, required in many social interactions, can be challenging and taxing, leading to increased fatigue or exacerbation of her symptoms.
- Psychological Barriers:
  - Social situations can induce anxiety, particularly if she is concerned about her health issues becoming apparent or if she fears that she cannot escape from an environment if her symptoms worsen.
  - Emotional Fatigue: Dealing with chronic illness leads to emotional fatigue, which can diminish her desire or ability to engage with others, affecting her social motivation and participation.
- Symptom Management:
  - The unpredictable nature of her symptoms can make it challenging to plan or commit to social interactions. For instance, sudden onsets of tachycardia or breathlessness can force her to cancel plans last minute.
  - Chronic pain can deter her from engaging in social activities, as it can be difficult to manage in less controlled environments.
- Communication Challenges:
  - Speaking for extended periods can be physically challenging due to breathlessness and the need to manage her vocal energy, which can limit her ability to participate actively in conversations.
- Environmental and Social Settings:
  - Many social settings are not designed with accessibility for mobility-impaired individuals in mind, which can physically prevent her from participating.
  - Lack of awareness or understanding from others regarding her condition can lead to misconceptions or inappropriate expectations, making social interactions more stressful or unsatisfying.

*e) Will these supports, or any others you may recommend, likely reduce the Applicant's future disability specific support needs? If so, how?*

Response:

Implementing a comprehensive support system, is likely to positively impact Ms Francis' ability to manage her disability and potentially reduce her future specific support needs. Here's an overview of how these supports can contribute to this outcome:

- Capacity Building Supports:
  - Occupational Therapy: Helps in optimising her daily routines and energy management strategies, which could lead to increased independence in daily activities and reduced reliance on caregiver support.

- ✦ Speech Therapy: By improving her communication abilities, this support can enhance her social interactions and possibly reduce her psychological stress, leading to fewer interventions needed in these areas.
- ✦ Psychology: Effectively managing the anxiety and depression associated with chronic illness, which can improve her overall quality of life and decrease the need for mental health interventions.
- ✦ Physiotherapy: Focus on maintaining or improving her mobility and functional capacity, which could decrease her dependence on mobility aids and caregiver assistance over time.
- Use of Assistive Devices:
  - ✦ Mobility aids including wheelchairs, scooters, and other mobility aids enable her to participate more in community life and maintain social connections, which are crucial for mental health and may reduce the need for social rehabilitation services.
- Environmental Modifications:
  - ✦ Making her living and community environments more accessible can significantly enhance her independence and reduce the need for assistance.

The recommended supports are designed not only to address her current needs but also to reduce future dependence on disability-specific supports, potentially decreasing the intensity and frequency of required support services over time.

*f) Please identify what work (paid or volunteer), hobbies and interests the Applicant engages in, how often she engages in these, and how she engages in these.*

Response:

Ms Francis is not currently engaging in any work or volunteer activities.

*g) What, if any, assistance does the Applicant currently receive to assist her in social interactions?*

Response:

Ms Francis currently uses a wheelchair when accessing the community and also receives assistance from her husband with transport and accessing the community for social interaction.

*h) What, if any, of the Applicant's symptoms affect, or are most likely to affect, her social interaction?*

Response:

Several of Ms Francis' symptoms significantly impact her ability to engage in social interactions including:

- Fatigue and Energy Limitations

- Severe fatigue is one of the primary symptoms affecting her social interaction. It limits the duration and frequency of her participation in social activities and necessitates frequent rest periods. This can make attending or hosting social gatherings challenging, as she may need to leave early or cancel plans last minute due to exhaustion.
- Cognitive Impairments (Brain Fog)
  - Cognitive issues such as memory lapses, reduced concentration, and slow processing speed can complicate conversations and social interactions, making it difficult for her to follow discussions or respond appropriately. This can lead to misunderstandings and frustrations both for her and for those she interacts with, potentially causing her to withdraw from social engagements to avoid these difficulties.
- Pain and Physical Discomfort
  - Chronic pain can be exacerbated by physical activity. Pain can distract and limit her ability to engage comfortably in social interactions, requiring her to either use pain management techniques or avoid certain social settings altogether.
- Breathlessness and Cardiovascular Symptoms
  - Symptoms related to her myocarditis and chronic pericarditis, such as tachycardia and breathlessness, can become pronounced during physical exertion or stress, which are often part of social interactions. These symptoms can necessitate sudden withdrawals from social settings to manage her condition, and might also limit her from participating in activities that are physically demanding.
- Anxiety and Psychological Stress
  - Anxiety related to managing her symptoms in public or the fear of a medical incident occurring while she is out can significantly affect her willingness and ability to engage in social interactions. This may cause her to avoid social situations where she feels she does not have immediate control over her environment, or where help might not be readily available.

The combination of these symptoms can severely restrict how, when, and where Ms Francis can engage in social interactions.

**3. Learning:** *includes understanding and remembering information, learning new things, practicing and using new skills.*

*Based on your observation:*

*a) Is the Applicant able to learn things e.g., new material or skills? If not, why not?*

Response:

Ms Francis presented as intelligent and articulate. Ms Francis demonstrated capacity to sustain concentration and attention for up to 2.5 hours during the assessment.

Ms Francis was previously the General Manager of five chiropractic clinics, a role that demands significant cognitive abilities including problem-solving, multitasking, strategic planning, and decision-making.

Following her health issues, and related symptoms like brain fog and fatigue, there has likely been a significant impact on her cognitive capabilities including decreased processing speed, difficulties with concentration and memory, and challenges in learning new information or skills. The necessity to step away from her professional role indicates a marked decline in her ability to perform cognitively demanding tasks.

Her work history indicates that prior to her illness, she had a high cognitive capacity suited to complex and demanding roles. However, the onset of her chronic health conditions has reduced her cognitive functionality, necessitating adjustments in her work life and in other areas requiring cognitive effort.

Based on description and observation of her performance Ms Francis' ability to learn new material or skills is likely impacted by several factors:

- Brain Fog and Cognitive Fatigue:
  - ✦ This results in difficulties with concentration, memory retention, and the mental stamina required to learn new material. As a result, she may struggle to focus during learning sessions or forget material that was recently covered.
- Psychological Factors:
  - ✦ Anxiety might make it difficult for her to engage in new learning experiences due to fears of failure or overwhelming stress.
- Physical Limitations:
  - ✦ Fatigue: Physical and mental fatigue severely limits her ability to engage in activities that require sustained mental effort, such as learning new skills or material.
  - ✦ Pain and Discomfort: Chronic pain can distract and detract from her ability to focus and engage in the learning process.

Ms Francis may benefit from learning adaptations and support including:

- Flexible Learning Environments: Learning methods that allow for pacing according to her energy levels and cognitive capacity, such as online courses that she can follow at her own pace from home.
- Cognitive Support Tools: Tools such as memory aids, structured note-taking apps, and reminder systems can help manage cognitive limitations.
- Therapeutic Interventions: Techniques that help improve memory, concentration, and cognitive processing could be beneficial.
- Psychological Support: Ongoing intervention to address anxiety and depression, enhancing her overall cognitive function and ability to engage with new learning.

While Ms Francis may face challenges in learning new material or skills due to her complex health issues, with appropriate adaptations and supports, she can continue to learn and develop new skills. Tailored approaches that consider her cognitive and physical limitations are essential for her continued engagement.

*b) What type and level of therapeutic assistance (if any) does the Applicant need to support her to learn new things? What does this support involve?*

Response:

To support Ms Francis in learning new things, she may benefit from the following:

- Occupational Therapy
  - ✦ To assist her in developing strategies to manage daily activities and learning tasks more effectively, considering her physical limitations. Including training in energy conservation techniques, time management, and the use of assistive technology in learning.
- Psychology
  - ✦ To address any anxiety or stress associated with learning new things including strategies to manage stress and anxiety, enhance motivation, and build resilience.
- Use of Assistive Technologies
  - ✦ To support learning through technological aids. Tablets or computers with specialised software (e.g., text-to-speech), apps that organise tasks or provide reminders, and adaptive hardware like ergonomic keyboards or voice-activated devices.

Implementing these supports will not only aid her in learning new things but also enhance her overall quality of life by boosting her cognitive capacity, independence, and social interaction.

*c) Does the Applicant currently receive this support? If so, who currently provides this support?*

Response:

Ms Francis is not currently receiving any of the therapeutic intervention described above.

*d) Will these supports, or any others you may recommend, likely reduce the Applicant's future disability specific support needs? If so, how?*

Response:

The implementation of various supports tailored to address the specific challenges faced by Ms Francis can likely reduce her future disability-specific support needs:

- Occupational Therapy
  - ✦ By teaching energy management and efficient ways to perform daily tasks, occupational therapy can increase her ability to manage her own care and household tasks with less reliance on personal assistants. This self-sufficiency can decrease her dependence on support services.
- Psychology

- ✦ Managing anxiety and stress effectively can prevent these psychological issues from exacerbating her physical health conditions. Better mental health can lead to reduced needs for support and can improve her overall resilience.
- Assistive Technologies
  - ✦ The use of assistive technologies can enable her to perform more tasks independently, particularly those involving communication, learning, and managing personal affairs. This independence can diminish her need for assistance in these areas.

The recommended supports are intended to build her capabilities and independence, which should mitigate some of the impacts of her disabilities. While it may not be possible to eliminate all future support needs, effective management and support can certainly reduce the extent and intensity of the support required. Continual assessment and adaptation of these supports will be crucial to ensure they remain aligned with her changing needs and health status.

*e) Do you consider the Applicant to have any reduction in her functional capacity for learning? If so, please provide details of the nature and extent of any reduction, and the cause of any reduction in functional capacity that you observe.*

Response:

Ms Francis has a reduction in her functional capacity for learning as a result of:

- Memory Impairments:
  - ✦ Difficulty with short-term memory retention and retrieval can impact her ability to absorb and recall new information, crucial components of the learning process. This may manifest as challenges in following multi-step instructions, retaining new concepts, or learning complex skills.
- Concentration and Attention Deficits:
  - ✦ Reduced concentration and attention span can make it difficult for her to focus on learning tasks for extended periods, particularly when tasks are cognitively demanding. As a result, she may require frequent breaks during learning sessions and might struggle with tasks that require sustained mental effort.
- Cognitive Processing Delays:
  - ✦ Slower cognitive processing speeds can affect her ability to keep up with real-time information flow. She may need information to be repeated or presented at a slower pace to fully comprehend and engage with the material.
- Fatigue:
  - ✦ Physical and cognitive fatigue can limit the duration and effectiveness of learning sessions. Fatigue impacts her ability to engage consistently in learning activities. This might necessitate shorter learning sessions and longer periods of rest between sessions, thereby extending the overall time required to learn new material.

Causes of the Reduction in her Functional Capacity for Learning include:

- Psychological Factors: Anxiety and depression, can exacerbate cognitive difficulties. Stress and anxiety can consume cognitive resources, diverting attention from learning tasks and reducing the brain's capacity to process new information effectively.
- Chronic Conditions: Both chronic pericarditis and myocarditis can cause significant fatigue, which can severely limit cognitive function, reducing the individual's ability to focus, process information, and retain new material. Extended mental tasks can become particularly challenging, requiring more frequent breaks and potentially leading to reduced learning efficiency.
- Physical Symptoms: Symptoms such as chest pain, palpitations, and breathlessness can occur unexpectedly and may require immediate attention. Physical discomfort distracts from learning activities.
- Reduced Physical Endurance: Diminished endurance, limiting the time Ms Francis can spend completing learning activities.

**4. Mobility:** *means the ability of a person to move around the home (crawling/walking) to undertake ordinary activities of daily living, getting in and out of bed or a chair, leaving the home, moving about in the community and performing other tasks requiring the use of limbs.*

Activity	Type Of Assistance <sup>1</sup>	Level Of Assistance <sup>2</sup>	Observations
Walking	Assistive Technology	Intermittent	<p>Ms Francis mobilised within the home with nil aids. She was wearing a CAM boot on the right foot.</p> <p>Ms Francis' ability to walk is significantly reduced. She has a low endurance for walking due to the energy demands and the stress it places on her heart. She can only walk short distances before experiencing symptoms such as increased heart rate, chest pain, or breathlessness.</p> <p>Frequent rests are required to manage her symptoms, as even minimal physical exertion can lead to substantial fatigue and cardiovascular strain.</p> <p>Her heart rate increases quickly upon standing and walking, even for short periods or distances. Ms Francis was observed to walk</p>

<sup>1</sup> P = Physical Assistance; AT = Assistive Technology; G = Guidance; S = Supervision; P = Prompting.

<sup>2</sup> VH = Very High (Unable To Perform Task); H = High (Unable To Perform Majority Of The Task); Mod. = Moderate (Able To Perform Some Of The Task); Min. = Minimal (Able To Perform Most Of The Task); I = Intermittent (Sometimes Not Able To Do The Task).



Activity	Type Of Assistance <sup>1</sup>	Level Of Assistance <sup>2</sup>	Observations
			<p>&lt; 50 metres at a slow pace on a level surface her heart rate increased from 99 bpm to levels as high as 120 bpm, indicating an increased load on her cardiovascular system. This rapid increase can push her heart rate to levels that are not only uncomfortable but also potentially risky given her heart conditions.</p> <p>She consistently monitors her heart rate to ensure it does not exceed safe thresholds, using tools like a heart rate watch. This ongoing monitoring is critical to avoid triggering severe cardiac symptoms.</p> <p>Due to these limitations, she relies on mobility aids such as a wheelchair longer distances or when shopping. However, she is reliant on attendant propulsion, as attempting to self-propel the wheelchair results in increased heart rate, chest, and breathlessness.</p> <p>Her functional capacity for walking is markedly reduced due to the direct impacts of chronic pericarditis and myocarditis. These conditions severely limit her physical endurance and necessitate close monitoring of her heart rate to manage her health safely.</p> <p>Trial of powered mobility aids such as a scooter is recommended to determine whether this would increase her independence and capacity to access the community.</p>

Activity	Type Of Assistance <sup>1</sup>	Level Of Assistance <sup>2</sup>	Observations
<i>Transfers</i>	Nil	Independent	<p>Ms Francis was observed to manage transfers from chair, bed and toilet independently.</p> <p>An increase in heart rate was noted when performing sit to stand transfers. Her heart rate increased from 99 bpm while seated to 112bpm after completing a sit to stand transfer from the dining chair.</p> <p>Trial of Assistive Technology such as an over toilet aid and an Electric Recliner with lift function is recommended in order to conserve energy, reduce cardiovascular load, and maximise independence and safety when performing transfers.</p>
<i>Standing</i>	Nil	Independent	<p>Ms Francis was observed to stand for &lt; 5 minutes during the assessment. After this time, she needed to assume a seated position in order to reduce her heart rate and prevent it exceeding limits recommended by her cardiologist.</p> <p>Ms Francis' standing capacity is significantly impacted by her chronic pericarditis and myocarditis, which influence her cardiovascular stability.</p> <p>Upon standing, her heart rate (HR) increases rapidly. For example, her heart rate can jump from a sitting rate of 91 bpm to 109 bpm within 30 seconds of standing. Due to the rapid increase in heart rate and associated symptoms like chest pain, dizziness and breathlessness, her ability to remain standing is limited.</p>

Activity	Type Of Assistance <sup>1</sup>	Level Of Assistance <sup>2</sup>	Observations
			<p>She can sustain a standing position only briefly before needing to sit or lie down to prevent further exacerbation of symptoms.</p> <p>Her daily activities are structured around her limited standing capacity, requiring her to plan activities that allow for frequent rest periods or can be performed while sitting or lying down.</p> <p>She regularly checks her heart rate with wearable devices to monitor and manage her exertion levels careful</p> <p>Activities are planned to ensure she does not remain standing for long periods, incorporating seated or reclined positions wherever possible to manage her symptoms.</p> <p>Ms Francis' standing capacity is significantly compromised by her cardiovascular conditions, leading to a need for careful management of her activities to accommodate her limited ability to stand.</p> <p>Ms Francis would benefit from trial of assistive technology such as a perching stool to address her reduced standing tolerance.</p>
<i>Sitting</i>	Nil	Independent	<p>Ms Francis completed the history taking portion of the assessment in a seated position at the dining table. Ms Francis reported that her sitting tolerance was reasonable.</p> <p>Sitting reduces the cardiovascular strain associated</p>

Activity	Type Of Assistance <sup>1</sup>	Level Of Assistance <sup>2</sup>	Observations
			<p>with maintaining an upright posture. She prefers to sit with support, using cushions or reclining slightly to alleviate discomfort and manage symptoms better.</p>
<i>Climbing Stairs</i>	Assistive Technology	High	<p>Ms Francis has steps at both the front and rear accesses of the home.</p> <p>She was observed to negotiate the steps at the front access using support from walls.</p> <p>Ms Francis stated that climbing stairs is a physically demanding activity that requires considerable strength, and endurance. When negotiating the steps at the front access, performance was slow and an increase in heart rate was noted from 99bpm to 118bpm.</p> <p>Ms Francis stated that she cannot negotiate stairs without significant risk of exacerbating her symptoms, and she generally opts for elevators when they are available or avoids stairs altogether.</p> <p>Climbing stairs rapidly depletes Ms Francis' limited energy reserves. This extreme fatigue can occur even after climbing just a few steps, making the task difficult or impossible to complete.</p> <p>Ms Francis experiences a significant increase in her heart rate when negotiating steps, which increases the risk of a cardiac crisis.</p>
<i>History of Falls</i>			No history of falls reported.

Activity	Type Of Assistance <sup>1</sup>	Level Of Assistance <sup>2</sup>	Observations
<i>Bending</i>	Assistive Technology	High	<p>Ms Francis' capacity to bend is significantly affected by her chronic pericarditis and myocarditis.</p> <p>Bending activities reportedly pose a considerable challenge due to the physical strain they place on her cardiovascular system and the potential exacerbation of existing symptoms.</p> <p>Engaging in bending motions was observed to lead to a rapid increase in heart rate. Ms Francis reported that at times this is accompanied by increased chest pain, or breathlessness.</p> <p>Tasks that involve bending, such as picking up objects from the floor, doing laundry, or engaging in gardening, are significantly restricted. She must approach these activities cautiously and may often require assistance to avoid triggering severe symptoms.</p> <p>Ms Francis reported that she avoids bending as much as is practicable.</p> <p>To manage these limitations, she may need to use assistive devices such as grabbers for picking things up or elevated platforms that minimise the need to bend.</p>
<i>Driving/Public Transport</i>	Physical Assistance	Intermittent	<p>Ms Francis stated that she can drive for up to two hours, but this is the maximum, and it requires significant recovery time due to limited and energy levels.</p>

Activity	Type Of Assistance <sup>1</sup>	Level Of Assistance <sup>2</sup>	Observations
			<p>Ms Francis stated that she prefers to drive rather than use public transport. Her avoidance of public transport is largely due to the physical and sensory overload associated with such environments including crowds, noise, and the stress of adhering to fixed schedules which can exacerbate her symptoms.</p> <p>Her vulnerability to infections like COVID-19 and the severe reactions she experiences make public settings like public transport high-risk for her. The need for extensive precautions (masking, possibly avoiding peak hours) underscores her limited capacity to handle public transport safely.</p> <p>Additionally, the physical demands of navigating public transport (walking, carrying bags) contribute to significant fatigue and increases in heart rate, which may exceed rates recommended by her cardiologist.</p> <p>Ms Francis' transportation options are limited by her conditions. Driving is feasible but challenging and requires significant planning and recovery time. As a result, she may require support for longer or more demanding trips.</p> <p>Public transport poses too many health risks and physical challenges, making it an impractical choice for her needs.</p>

*Based on your observation and assessment please answer the below questions.*

*a) How does the Applicant currently move around? Describe what this looks like, how often this happens and how the Applicant is currently assisted.*

Response:

Her ability to walk is limited. She can walk short distances of less than 50 meters at a slow pace on level surfaces before her heart rate increases significantly, necessitating a rest. Walking too far or too fast can push her heart rate to dangerously high levels, making close monitoring essential.

Ms Francis relies on mobility aids like wheelchairs for longer distances or when shopping to manage her limited endurance and significant cardiovascular strain. For shorter indoor movements, she moves without aids but requires frequent rests.

Ms Francis's daily routines are significantly adjusted to accommodate her limited mobility. She engages in necessary movements such as transferring from one room to another or completing essential tasks but ensures to incorporate rest periods to manage her symptoms.

Her ability to engage in outdoor or community activities is contingent upon her physical condition on any given day and often requires prior rest or strategic planning to manage energy levels and cardiovascular risks.

For driving, which she can manage for up to two hours with significant recovery time, she prefers personal driving over public transport due to the controlled environment it offers and the ability to manage her exposure to crowds and potential infections. She avoids public transport due to the sensory overload and the increased cardiovascular demand from navigating such environments.

Ms Francis' current mobility is characterised by significant limitations and careful management of her activities to prevent exacerbation of her symptoms. Her reliance on assistive technologies, strategic planning for activities requiring mobility, and the need for frequent rests define her daily movement routines.

*b) Is the Applicant able to mobilise fully (within the meaning outlined above) on their own? If not, why not?*

Response:

Ms Francis' mobility is limited by her physical endurance and cardiovascular capacity. Engaging in physical activities such as walking even short distances significantly increases her heart rate. This can lead to symptoms like chest pain, breathlessness, and dizziness, making sustained physical activity risky. Due to her heart conditions, Ms Francis experiences rapid fatigue when mobilising, which restricts her ability to move freely or for prolonged periods.

Given her history of heart issues, there is a risk of cardiac complications if she exceeds her physical limits. This necessitates close monitoring of her heart rate and symptoms.

For longer distances or when shopping, Ms Francis relies on a manual wheelchair.

All of her activities require careful planning to include rest periods and minimise the duration and intensity of physical exertion.

*c) If the Applicant is able to move around but with restrictions, please provide details of any restrictions.*

Response:

See above.

*d) What weight is the Applicant able to lift?*

Response:

Ms Francis reported that she generally tries to avoid carrying or lifting objects as such activities can exacerbate her cardiovascular symptoms.

Engaging in lifting or carrying can trigger symptoms such as increased heart rate, breathlessness, and chest pain.

Lifting is restricted to very light objects (1-2kg).

Groceries are delivered to minimise the need for her to lift heavy items. Once delivered she relies on her husband or children to put the groceries away.

*e) Please quantify in metres and comment on the Applicant's walking tolerance indoors and outdoors, with and without the use of aids. In addressing this question, please include the following details:*

- i. how far the Applicant can walk with and without assistance/assistive aids;*
- ii. on what surfaces (e.g., even, uneven, or sloped terrain, home environment, in the community);*
- iii. how long the Applicant needs to rest before resuming walking;*
- iv. what aids, if any, they currently use (for example, walking stick, wheelchair);*
- v. What supports, if any, would you recommend to assist the Applicant in relation to mobility;*
- vi. what is or would be the Applicant's walking tolerance indoors and outdoors with the use of a standard (not four-point) walking stick; and*
- vii. whether you observed any signs of deconditioning whilst assessing the Applicant's mobility, such as breathlessness, fatigue? If so, please provide details.*

Response:

- i. Walking Distance with and without Assistance/Aids:*



- Ms Francis has a limited walking tolerance without aids.
- She can walk less than 50 meters at a slow pace on level surfaces before experiencing significant increases in heart rate, leading to the necessity for rest.
- She utilises a manual wheelchair for negotiating longer distances in the community, however, is reliant on attendant propulsion, as attempting to self-propel the wheelchair results in increased heart rate, chest, and breathlessness.

ii. Surfaces:

- Even Surfaces: In home environments with flat surfaces, her mobility is slightly better but still limited.
- Uneven or Sloped Terrain: Uneven or outdoor environments significantly reduce her walking tolerance. She finds it extremely challenging to walk on uneven or sloped terrain due to the heightened cardiac load.

iii. Rest Periods:

- After walking short distances, she requires prolonged rest periods, which could vary from several minutes to hours depending on the exertion level and her cardiac response.

iv. Current Aids Used:

- Uses a manual wheelchair and attendant propulsion for longer distances outside her home.

v. Recommended Supports for Mobility:

- Powered Mobility Aids: A trial with powered mobility aids like electric wheelchairs or scooters is recommended to enhance her independence and allow safer community access.

vi. Walking Tolerance with a Standard Walking Stick:

- A standard walking stick may offer minimal support and is unlikely to be sufficient for her needs given her cardiovascular limitations.

vii. Signs of Deconditioning:

- During assessment, increased heart rate, rapid onset of fatigue and breathlessness were evident. These symptoms manifest quickly upon minimal exertion, and are consistent with a diagnosis of chronic pericarditis and myocarditis.

*f) What is the Applicant's capacity for mobilising up and down stairs? How do they mobilise up and down stairs? If a modified technique or handrails are used, please specify. If the Applicant would be assisted by a modified technique or use of handrails, please provide details.*

Response:

Ms Francis experiences substantial difficulty when navigating stairs. Her heart rate increases significantly, which can trigger symptoms like chest pain, breathlessness, and increased fatigue.

Ms Francis was observed to negotiate the three steps at the front access with support from adjacent walls. When available, Ms Francis uses handrails to provide support and stability as she navigates stairs. When handrails are not available, she relies on nearby walls or other stable structures for

support. Her technique involves taking slow, measured steps and stopping to rest when her heart rate increases.

*g) Is the Applicant able to travel in a vehicle (either as a driver or a passenger)? If so, please provide details of how far they can travel, and any restrictions on their capacity to drive.*

Response:

Capacity as a Driver:

- Ms Francis can drive for up to two hours under optimal conditions, but this is contingent on her current health status and necessitates significant preparation and recovery time.
- Frequency and Recovery: Even short durations of driving can be taxing and require rest both before and after the journey to manage fatigue and prevent exacerbation of symptoms.
- Restrictions: Her driving is limited by the potential for sudden onset of symptoms such as chest pain, breathlessness, and increased heart rate, which could impair her ability to operate a vehicle safely.

Capacity as a Passenger:

- Longer Durations Possible: As a passenger, Ms Francis may handle slightly longer travel durations compared to driving, as this role reduces the cognitive and physical demands.

While Ms Francis retains some capacity to travel as both a driver and a passenger, her ability is moderated by the need for careful management of her health conditions. Her travel capabilities are limited and require accommodations to ensure safety and health management.

*h) Does the Applicant have any restriction on their capacity to use public transport? If so, please provide details, including whether any restriction could be ameliorated by use of alternative means of transport, reasonable adjustments for disability, travelling at less busy times etc.*

Response:

Ms Francis does experience significant restrictions when it comes to using public transport, primarily due to her health conditions which include chronic pericarditis, myocarditis, and associated symptoms such as severe fatigue, chest pain, and increased susceptibility to infections.

- Restrictions:
  - ▲ Physical and Sensory Overload: Crowds, noise, and the physical effort required to navigate public transport systems can exacerbate her symptoms.
  - ▲ Infection Risk: Given her vulnerability to infections, particularly in a post-COVID-19 context, crowded public transport settings pose a significant health risk.
  - ▲ Accessibility Issues: The physical layout and the need for timely transfers within public transport systems can be challenging given her limited physical stamina and mobility.
- Possible Mitigations:

- ✦ Travel During Off-Peak Hours: Travelling during less busy times could reduce the stress of crowds and decrease the likelihood of physical or sensory overload.
- ✦ Use of Alternative Transport: Private vehicles, taxis, or rideshare services equipped with necessary comfort adjustments can provide a more controlled environment, reducing the risk of exacerbating her symptoms.
- ✦ Disability Adjustments:
  - Priority Seating: Ensuring that Ms Francis can access priority seating would help alleviate physical strain.
  - Support from Transport Staff: Assistance from trained staff in navigating stations and transfers can make trips more manageable.
- ✦ Pre-Trip Planning: Using apps or services to plan trips meticulously to avoid unnecessary standing or waiting, ensuring that the duration and exertion are within her limits.

Ms Francis faces considerable challenges with public transport. While strategic planning and the use of alternative transport means, and travel during less crowded travel times could potentially enhance her ability to use public transport it does not address the infection risk associated with public transport use.

*i) Please provide details of the Applicant's capacity to transfer on and off surfaces (e.g., in and out of bed, chair, toilet, into and out of a vehicle). Please base your response on your observations of the Applicant.*

Response:

Ms Francis was observed to manage transfers from chair, bed, toilet and vehicle independently.

Any transfer activity observed showed an increase in heart rate, from a normal resting rate to an elevated state due to the physical effort involved. After transferring, Ms Francis may need to rest to allow her heart rate to return to a safer level.

*j) Is there any falls risk for the Applicant whilst mobilising? If yes:*

*ii Please provide full details of the nature and extent of that falls risk, including but not limited to level of risk, whether the Applicant has previously had any falls or near- misses, and if so, how many and when.*

*iii Please provide details of any contributing factors, including, but not limited to, medication, environment, unsteadiness and physical factors such as vision.*

Response:

Ms Francis can drive, but her capacity is limited. She can manage to drive up to two hours under good conditions. However, this maximum limit is often associated with substantial recovery times after driving. She needs to ensure she has sufficient rest and no exacerbating symptoms before taking the wheel. When driving, Ms. Francis must be particularly cautious of her physical state, as

her chronic heart conditions (pericarditis and myocarditis) can lead to sudden onset of symptoms like chest pain and breathlessness, which could impair her driving ability and pose safety risks.

Traveling as a passenger is somewhat easier for her than driving, as it does not require the same level of concentration and physical activity.

Whether driving or as a passenger, the distance Ms Francis can travel is limited by her need to manage symptoms effectively. Longer trips require careful planning, including potential overnight stays to manage fatigue and recovery.

*k) What type and level of assistance (if any) does the Applicant need to independently mobilise? What does this support involve? (if aids/devices are used, specify).*

*i Does the Applicant currently receive this support? If so, who currently provides this support?*

*ii Does the Applicant currently use any aids? If not, what aids would be recommended and why?*

*iii Will these supports, or any others you may recommend (including aids), likely reduce the Applicant's future disability-related support needs? If so, how*

Response:

#### Type and Level of Assistance Needed:

##### 1. Assistive Devices:

- Powered Mobility Aids: Considering her limited walking tolerance and significant cardiovascular symptoms, powered mobility aids can significantly enhance her independence and safety.

##### 2. Physical Support:

- Ms Francis may require physical assistance with tasks such as propelling the manual wheelchair and driving when her cardiac symptoms prevent her from driving.

#### Current Support and Aids Used:

##### 1. Current Support:

- Ms Francis currently relies on her husband and occasionally other family members to assist with tasks that exceed her physical limitations, such as driving for long distances, and propelling the manual wheelchair.

##### 2. Current Aids:

- Wheelchair: Used for navigating community spaces and managing days with heightened symptoms.

#### Recommended Aids and Support:

##### 1. Additional Mobility Aids:

- Trial of powered mobility aids to provide an independent means of mobility in the community.

##### 2. Capacity Building:

- Occupational Therapy: To evaluate her environment, assistive technology needs and daily routines for possible improvements that could make mobility less taxing and more safely manageable.

#### Impact on Future Support Needs:

By integrating appropriate mobility aids and therapeutic supports Ms Francis can significantly reduce the physical strain she experiences when mobilising, maintain a higher level of independence, and potentially reducing her reliance on support services and improve her quality of life.

*l) Please describe the Applicant's ability to balance using standardised balance assessment tools and your observations.*

#### Response:

No falls history was reported, and balance was observed to be reasonable during the assessment.

The Timed Up and Go (TUG) Test measures the time taken by an individual to stand up from a standard chair, walk three meters, turn, walk back, and sit down again. For Ms Francis, increased times or difficulties during this test could indicate compromised balance and a higher risk of falls.

Ms Francis was able to complete this task in ten seconds. This indicates that she can move freely and is generally independent in their daily walking activities.

Ms Francis does experience rapid increases in heart rate and potential dizziness upon standing, which have the potential to increase her risk of falls.

*m) To what extent (if any) does pain or discomfort impact on the Applicant's capacity or perceived capacity to mobilise, with or without aids? Please identify:*

- i. what body parts/regions are involved;*
- ii. what tasks are likely impacted;*
- iii. what intervention may address this; and*
- iv. your clinical reasoning behind this recommendation.*

#### Response:

##### Body Parts/Regions Involved:

Ms Francis' capacity to mobilise is primarily impacted by cardiac symptoms (chest pain, breathlessness and increased heart rate) and associated fatigue that occurs in response to physical exertion.

##### Tasks Likely Impacted:

Tasks that require physical exertion and have the potential to exacerbate her cardiac symptoms and fatigue.

##### Interventions to Address Pain and Discomfort:

- Occupational Therapy: To modify her home environments to promote energy conservation and to teach her strategies to manage daily activities more effectively.
- Use of Assistive Devices: To reduce the physical effort and energy consumption required to perform tasks.

Clinical Reasoning Behind Recommendations:

- Occupational Therapy:
  - ✦ Objective: The primary goal of occupational therapy in this context is to modify Ms Francis's home environment and daily tasks to better accommodate her physical limitations, thereby promoting energy conservation and reducing the exacerbation of symptoms. Teaching Ms Francis how to perform tasks in a manner that conserves energy and minimises physical strain is crucial. This might involve breaking tasks into smaller steps, sitting instead of standing when possible, and using adaptive methods for routine activities like dressing and grooming.
  - ✦ Clinical Reasoning:
    - Reduce Pain and Fatigue: By minimizing the need for movements that trigger chest pain, increased heart rate, breathlessness or fatigue, the risk of symptom exacerbation is lowered, allowing Ms Francis to maintain a higher level of independence.
    - Prevent Complications: Modifying the environment and her approach to tasks helps prevent other complications associated with her cardiovascular condition.
    - Enhance Quality of Life: By adapting her living space to her needs, Ms Francis can engage more fully in daily life with less discomfort and frustration.
- Use of Assistive Devices:
  - ✦ Devices like wheeled walkers, grabbers, or ergonomic kitchen tools can be used to reduce the physical effort required to perform daily tasks. By using these devices, Ms Francis can continue to perform many tasks independently, albeit with mechanical assistance, which is crucial for her psychological well-being and autonomy.
  - ✦ Clinical Reasoning:
    - Keeping Ms Francis as active as possible within her limitations is important for her overall health and can help manage symptoms of deconditioning.

The use of occupational therapy and assistive devices is clinically reasoned to support Ms Francis' need for a safe, manageable living environment that aligns with her physical capabilities. These interventions aim to optimise her functional independence, enhance safety, and improve her quality of life by addressing specific challenges posed by her chronic conditions.

*n) Is the Applicant's function impacted in any way by deconditioning or self-limiting behaviours that could be addressed by rehabilitation or other intervention designed to increase function and independence? If so, please identify what body parts / regions are involved, what tasks are likely impacted, what intervention may address this and your clinical reasoning behind this recommendation.*

Response:

No self-limiting behaviours observed.

*o) What supports does the Applicant currently have available in regard to transportation to access community-based social and recreational activities?*

Response:

Ms Francis receives transport assistance from her husband when required.

*p) What strategies does the Applicant currently implement to maintain their independence, and are there alternate strategies available?*

Response:

Current Strategies to Maintain Independence:

1. Use of Assistive Devices: Ms Francis uses devices such as wheelchairs for longer distances, which help her navigate both home and community settings more effectively.
2. Energy Conservation Techniques: Ms Francis employs techniques to manage her energy levels, such as planning activities with built-in rest periods, breaking tasks into smaller steps, and prioritising essential activities.
3. Pacing: Ms Francis uses pacing strategies to balance activity and rest to prevent exacerbation of symptoms.

Alternate Strategies to Enhance Independence:

1. Technology Integration: Integrating technology like voice-controlled systems can help her control appliances, lights etc without physical exertion.
2. Occupational Therapy: Occupational therapy could help improve her function and teach her new ways to perform daily activities that could conserve energy.
3. Formal Support: To provide transport assistance when required to access the community.

**5. Self-Care:** means activities related to personal care, hygiene, grooming and feeding oneself, including showering, bathing, dressing, eating, toileting, grooming, caring for own health care needs.

Activity	Type Of Assistance <sup>3</sup>	Level Of Assistance <sup>4</sup>	Observations
Showering/ Bathing	Nil	Modified Independence	The ensuite bathroom used by Ms Francis has a shower recess with track and screen.  Ms Francis experiences considerable difficulty with

<sup>3</sup> P = Physical Assistance; AT = Assistive Technology; G = Guidance; S = Supervision; P = Prompting.

<sup>4</sup> VH = Very High (Unable To Perform Task); H = High (Unable To Perform Majority Of The Task); Mod. = Moderate (Able To Perform Some Of The Task); Min. = Minimal (Able To Perform Most Of The Task); I = Intermittent (Sometimes Not Able To Do The Task).

Activity	Type Of Assistance <sup>3</sup>	Level Of Assistance <sup>4</sup>	Observations
			<p>showering and bathing. Ms Francis showers daily. She stands to shower, but this activity is taxing because it increases her heart rate and leads to quick onset of fatigue and breathlessness.</p> <p>Elevating her arms to wash her hair can cause dizziness and fatigue, which is why she limits hair washing to 1-2 times per week and uses dry shampoo on other days.</p> <p>Getting in and out of a low bath requires more energy, and can exacerbate her chest pain and breathlessness, making use of the bath an impractical and unsafe option.</p> <p>Ms Francis has adapted her routine to cope with her limited energy and physical capabilities, such as washing her hair less frequently and avoiding complex grooming activities that exacerbate her symptoms.</p> <p>The use of assistive technology could potentially benefit her by allowing her to manage hygiene tasks with slightly reduced exertion.</p> <p>Showering is a challenging activity for Ms Francis due to her limited physical endurance and the significant cardiovascular impact of her conditions.</p>
<i>Dressing</i>	Physical Assistance	Intermittent	<p>Ms Francis was wearing a t-shirt, tights and socks.</p> <p>Ms Francis' ability to dress herself is significantly impacted</p>



Activity	Type Of Assistance <sup>3</sup>	Level Of Assistance <sup>4</sup>	Observations
			<p>by her physical stamina and cardiovascular stability.</p> <p>Dressing requires physical movements that can be fatiguing and increase her heart rate. This is especially pronounced when putting on clothing that requires more active movements, like lifting arms or bending.</p> <p>Ms Francis opts for clothing that is easier to put on and less constricting, such as tights and shirts, avoiding jeans or tight-fitting garments that require more effort to wear. This choice helps to reduce the physical strain associated with dressing.</p> <p>She experiences breathlessness when bending to put on shoes or tie shoelaces. Consequently, she may need to sit or take breaks during this task to manage her symptoms.</p> <p>By choosing clothing that is easy to wear and remove, such as garments with elastic waistbands or loose-fitting tops, Ms Francis minimises the physical demands of dressing.</p> <p>Performing dressing tasks while seated helps manage energy levels and reduces the risk of increasing heart rate or inducing dizziness.</p> <p>On days when her symptoms are more severe, Ms Francis might require assistance from another person to complete dressing tasks, particularly for shoes.</p>

Activity	Type Of Assistance <sup>3</sup>	Level Of Assistance <sup>4</sup>	Observations
			Dressing is a moderately challenging activity for Ms Francis, compounded by her need to manage energy and symptoms effectively.
<i>Grooming</i>	Nil	Modified Independence	<p>Ms Francis's long hair was loosely tied back at the time of assessment, and she was not wearing any make-up.</p> <p>Ms Francis faces challenges with grooming due to reduced physical stamina and difficulty performing tasks that require sustained arm.</p> <p>Tasks like brushing or styling her hair can induce dizziness and increase heart rate due to the elevation of her arms and the sustained effort required.</p> <p>Ms Francis reports that getting ready for outings can be so exhausting that she often feels the need to cancel plans.</p> <p>The overall energy required for comprehensive grooming routines significantly impacts her ability to complete these tasks without exacerbating her symptoms.</p> <p>Ms Francis minimises the frequency of hair washing to manage her energy better and uses dry shampoo to extend the cleanliness of her hair between washes. She opts for simple, loosely tied hairstyles that do not require much effort or precision, which helps in reducing physical strain.</p> <p>She attempts to spread out grooming activities or prepares</p>

Activity	Type Of Assistance <sup>3</sup>	Level Of Assistance <sup>4</sup>	Observations
			<p>for events well in advance (e.g., trying on outfits ahead of time) to manage her energy and avoid symptom flare-ups.</p> <p>Grooming remains a significant challenge for Ms Francis due to the physical demands required.</p>
<i>Personal Hygiene</i>	Nil	Modified Independence	<p>Ms Francis has a standard toilet with nil grab rails are present.</p> <p>Ms Francis reported that she manages her toileting and perianal hygiene independently.</p>
<i>Eating/Drinking</i>	Nil	Modified Independence	<p>Ms Francis uses standard cutlery, crockery, and glassware.</p> <p>Ms Francis reported that she needs to be mindful of the volume of food she consumes at any one time, as larger meals can significantly tax her energy and lead to breathlessness. This response is possibly due to the increased metabolic demands that digestion places on her body, which can exacerbate her cardiovascular symptoms.</p>
<i>Meal Preparation</i> <ul style="list-style-type: none"> <li>➤ <i>Menu Planning</i></li> <li>➤ <i>Preparing Food</i></li> <li>➤ <i>Cooking</i></li> <li>➤ <i>Doing The Dishes</i></li> <li>➤ <i>Cleaning The Kitchen</i></li> </ul>	Physical Assistance	Moderate	<p>Ms Francis reported that her reliance on her husband for support with household tasks contributed to considerable strain in their relationship. In order to reduce the demands on her husband and maintain harmony in the marital relationship she tries, as often as possible, to prepare the evening meal.</p> <p>Ms Francis encounters significant challenges related to preparing food, cooking, and cleaning the kitchen, as these activities are often energy-intensive and can exacerbate her symptoms if not managed carefully.</p>

Activity	Type Of Assistance <sup>3</sup>	Level Of Assistance <sup>4</sup>	Observations
			<p>Ms Francis has adapted her cooking methods to reduce physical strain. She uses an air fryer and relies on pre-prepared vegetables and pre-prepared mashed potatoes to minimise the need for chopping and other preparatory work, which can be physically taxing.</p> <p>The process of preparing meals is carefully managed to conserve energy. She performs these tasks seated when possible and breaks down meal preparation into shorter segments to avoid prolonged standing and exertion.</p> <p>Cooking is primarily done using an air fryer, which simplifies the process and requires less manual monitoring and physical manipulation than traditional stove-top or oven cooking.</p> <p>Her son occasionally assists with meal preparation, which can help manage more complex or energy-demanding meals.</p> <p>Cleaning tasks are a significant challenge. Ms Francis uses disinfecting wipes for quick clean-ups to manage hygiene without engaging in more strenuous cleaning activities like scrubbing or prolonged standing.</p> <p>Intensive cleaning tasks are limited. She requires help from family members or a cleaner for more thorough cleaning sessions, especially tasks that involve bending, reaching, or other movements that could exacerbate her symptoms.</p>

Activity	Type Of Assistance <sup>3</sup>	Level Of Assistance <sup>4</sup>	Observations
			<p>Managing kitchen activities requires careful planning and energy management for Ms Francis. By simplifying meal preparation, and receiving physical assistance, she can perform meal preparation tasks while minimising the physical impact of these activities. These adaptations are vital for conserving her energy and managing her symptoms effectively, allowing her to maintain a level of independence.</p>
<p><i>Cleaning</i></p> <ul style="list-style-type: none"> <li>➤ <i>Vacuuming</i></li> <li>➤ <i>Mopping</i></li> <li>➤ <i>Making Bed</i></li> <li>➤ <i>Changing Bed Linen</i></li> <li>➤ <i>Cleaning Bathrooms</i></li> <li>➤ <i>Laundry</i></li> </ul>	Physical Assistance	High	<p>Ms Francis's bed covers were loosely pulled up on the day of assessment.</p> <p>There was substantial clutter on surfaces and debris on the carpet, indicating that cleaning had not been performed consistently or thoroughly. Evidence of soap scum was also present on screens in the bathrooms.</p> <p>Ms Francis reportedly faces considerable challenges in managing cleaning and laundry tasks due to reduced stamina, cardiovascular function, and overall energy levels.</p> <p>Cleaning activities, which require bending, reaching, and sustained physical effort, can significantly exacerbate Ms Francis' symptoms, including increased heart rate and fatigue. She uses disinfecting wipes for spot cleaning to manage these tasks without extensive physical exertion.</p>

Activity	Type Of Assistance <sup>3</sup>	Level Of Assistance <sup>4</sup>	Observations
			<p>More demanding cleaning tasks are beyond her capacity. She receives two hours of help per week assistance from Out of Hospital Care services, focused on household chores like washing and changing beds. This support is temporary while she is in the queue for NDIS (National Disability Insurance Scheme).</p> <p>Laundry tasks are challenging due to the need for bending to load and unload the washing machine and hanging clothes. Ms Francis tries to manage by spreading laundry tasks throughout the week to avoid accumulation and excessive physical strain in a single day.</p> <p>Ms Francis was observed transferring laundry from the washing machine to the dryer and after &lt; 2 minutes her heart rate had increased from 99 bpm to 121 bpm and she required a seated rest.</p> <p>On weekends, her husband assists by managing more physically demanding aspects of laundry, such as carrying heavy baskets and washing large and bulky items.</p> <p>Folding laundry causes an increase in her heart rate, which then makes her too exhausted to put folded laundry away. This was consistent with the appearance of the home with large piles of folded laundry present on the dining table.</p> <p>Due to the physical demands of cleaning and laundry these tasks</p>

Activity	Type Of Assistance <sup>3</sup>	Level Of Assistance <sup>4</sup>	Observations
			are typically beyond her capacity, and she relies on a high level of assistance provided by her husband.
<i>Shopping</i>	Physical Assistance	High	Ms Francis relies on home delivery services for groceries. Even after groceries are delivered, Ms Francis relies on her family members to put grocery items away.
<i>Yard Maintenance</i>	N/A		Ms Francis has engaged commercial assistance with yard maintenance to reduce the demands on her husband as he is struggling with his work and household responsibilities.
<i>Financial Management</i>	Physical Assistance	Intermittent	<p>Ms Francis manages her banking, bill payments, and overall financial responsibilities with adaptations to accommodate her health limitations.</p> <p>Ms Francis handles most of her financial transactions online, which allows her to manage her finances from home without the physical exertion required for visiting banks or mailing payments. This method helps reduce fatigue and manage her energy more effectively.</p> <p>To cope with cognitive challenges such as memory issues and attention deficits, she has transitioned her bill payments to automated systems where possible, or she pays them immediately upon receipt to avoid late payments.</p> <p>Ms Francis has moved away from electronic-only records to keeping physical copies of bills and financial statements organised in her home. This</p>

Activity	Type Of Assistance <sup>3</sup>	Level Of Assistance <sup>4</sup>	Observations
			<p>adjustment helps her manage her finances more effectively by providing tangible reminders and reducing the cognitive load of managing digital information.</p> <p>Complex financial tasks that require high cognitive load or extended focus are challenging. Ms Francis simplifies these tasks by breaking them down into smaller, manageable steps and often requires the support of her husband, especially for decisions that involve significant financial implications.</p> <p>To counteract memory issues, she utilises reminders and alarms to prompt payment dates, financial reviews, and other important financial management tasks.</p> <p>Ms Francis manages her banking and financial responsibilities effectively through the use of online tools, strategic management techniques, and family support.</p>
<i>Health Management</i>	Nil	Modified Independence	<p>Ms Francis reported that she is able to schedule medical and treatment appointments and is able to attend appointments alone.</p> <p>Ms Francis uses wearable devices to monitor her heart rate and blood pressure regularly, which is crucial for managing her cardiac conditions and preventing exacerbations.</p> <p>Ms Francis follows a strict medication regimen that includes multiple prescriptions. She uses a Webster-Pak to manage her</p>



Activity	Type Of Assistance <sup>3</sup>	Level Of Assistance <sup>4</sup>	Observations
			<p>medications, which helps ensure that she takes the correct dosages at the right times, reducing the risk of medication errors.</p> <p>Due to the complexity of her conditions, Ms Francis has regular medical appointments, including visits to her cardiologist, general practitioner, and various specialists for her conditions. Each appointment requires significant preparation and recovery time, as traveling to and from appointments can be exhausting and exacerbate her symptoms.</p> <p>Managing her health requires meticulous planning, continuous monitoring, and a robust support system.</p>

Photograph 1: Removing Laundry From Dryer



Photograph 2: Transferring Dry Laundry To Basket



Photograph 3: Loading Washing Machine



Photograph 4: Kitchen Sink Full Of Dirty Dishes



Based on your observation:

*a) Is the Applicant able to manage her own self-care? If not, why not?*

Response:

- Showering and Bathing:
  - ✦ Ms Francis is able to shower, but it is physically taxing. Standing for the duration of a shower can increase her heart rate and lead to fatigue and breathlessness. She does not bathe in a bathtub due to the energy required to get in and out.
  - ✦ She uses a low shower and avoids activities that require raising her arms, like washing hair, which she does 1-2 times a week using dry shampoo on other days to minimise exertion.
- Dressing:
  - ✦ Dressing is a fatiguing activity for Ms Francis. It increases her heart rate, particularly when putting on more restrictive clothing like swimsuits, which she avoids. She opts for comfortable clothing that is easier to manage.
  - ✦ She requires minimal physical assistance but strategies for energy conservation and pacing.
- Eating and Drinking:
  - ✦ She must manage the volume of her meals carefully as larger meals can exacerbate her symptoms, causing breathlessness or necessitating sleep to recover.
  - ✦ Cooking is simplified to conserve energy, often using an air fryer or pre-prepared meals. Her son helps with meal preparations, indicating a need for support in this area.
- Grooming:
  - ✦ Grooming activities like doing her hair can be challenging; she generally opts for simple hairstyles that do not require much effort or maintaining her arms raised, which could induce symptoms.
- Managing Health Care Needs:
  - ✦ Manages her medication with the aid of organized systems like pill organizers to ensure adherence without confusion or forgetfulness.

- ★ Medical Appointments: Requires significant preparation and recovery time for medical appointments, indicating a need for assistance with transportation and possibly during the appointments to manage fatigue and other symptoms.

While Ms Francis maintains a degree of independence in self-care, her ability to manage these activities is compromised by her health conditions. She employs various strategies and modifications to manage her self-care routines but often requires support or assistive devices to ensure safety and reduce the physical strain that could exacerbate her symptoms.

*b) Please describe functional capacity for the following self-care tasks (please observe the Applicant simulate the task from beginning to end if actual performance of the task is not appropriate):*

- ii bathing and/or showering;*
- iii grooming (brushing and styling hair and shaving, if relevant);*
- iv brushing teeth;*
- v dressing (upper body and lower body, including donning and doffing shoes and socks);*
- vi eating and swallowing; and*
- vii toileting, including hygiene post-toileting:*

Response:

See above.

*c) What is the Applicant's capacity for the following movements? Please provide details of the nature and extent of any reduction in functional capacity and which tasks are impacted:*

- ii bending;*
- iii twisting;*
- iv lifting and carrying;*
- v reaching;*
- vi prolonged sitting; and*
- vii prolonged standing.*

Response:

See responses under "Mobility".

*d) If the Applicant can perform their own self-care, and the movements listed above, but with restrictions, please provide details of any restrictions.*

Response:

See above.

*e) If there are activities which the Applicant is able to perform, but differently, or by taking more time*

to perform them, requiring additional prompting or the like, please provide details.

Response:

See above.

f) What capacity does the Applicant have, to manage domestic tasks, including cooking, cleaning, washing, and other housework? Describe what, if any, the limiting factors are for these tasks.

Response:

Ms Francis has limited capacity to manage domestic tasks due to her conditions.

- Cooking:
  - ✦ Ms Francis can perform cooking tasks but simplifies the process to conserve energy. She often uses an air fryer and prepares meals that require minimal physical effort.
  - ✦ Standing for prolonged periods can significantly increase her heart rate and lead to fatigue. Complex cooking tasks are avoided to reduce the physical and cardiovascular strain.
- Cleaning:
  - ✦ Her ability to clean is highly restricted. She uses cleaning wipes for easy and quick cleaning to manage her energy levels.
  - ✦ Activities that involve bending, reaching, or sustained physical effort exacerbate her symptoms like increased heart rate and fatigue. She requires breaks and often cannot complete cleaning tasks without experiencing significant symptom flare-ups.
- Laundry:
  - ✦ Laundry tasks are manageable on a good day but can be challenging. She attempts to load the washing machine but avoids bending or lifting heavy baskets.
  - ✦ The physical effort required to manage laundry, especially sorting, transferring, and hanging clothes, can trigger her symptoms, making it difficult to complete these tasks without assistance.
- Other Housework:
  - ✦ Ms Francis is able to manage light housework that does not require strenuous activity or prolonged standing.
  - ✦ Any vigorous housework or tasks that increase her physical strain are not feasible. She relies on family support for more demanding tasks and employs a cleaner fortnightly to manage more intensive cleaning.

Ms Francis' capacity for domestic tasks is significantly limited by her cardiovascular instability and energy constraints. She manages her household responsibilities within her limited energy envelope, often requiring modifications to her approach and external support to maintain her household effectively. Her strategies include simplifying tasks, using assistive devices, and relying on family support to manage her domestic responsibilities while safeguarding her health.

g) Does the Applicant's range of movement and strength accurately reflect your observations in the

*Applicant undertaking her self-care tasks?*

Response:

Yes.

*h) What type and level of therapeutic assistance (if any) does the Applicant need to support her to effectively manage self-care tasks? What does this support involve?*

Response:

- Occupational Therapy:
  - ✦ To evaluate her daily routines and physical environment to recommend modifications that can enhance her independence and reduce physical strain.
- Physiotherapy:
  - ✦ I defer to the relevant professional for advice on whether Physiotherapy intervention may be beneficial in optimising physical capacity.
- Assistive Devices:
  - ✦ To reduce the physical effort required to perform self-care tasks.
- Psychological Support:
  - ✦ To help her cope with the mental and emotional stressors of living with chronic illness.
- Support Worker Assistance:
  - ✦ To provide physical assistance with more challenging household tasks.

These therapeutic interventions and supports are designed to minimise the physical exertion Ms Francis experiences during self-care activities, thereby reducing the risk of symptom exacerbation.

*i) Does the Applicant currently receive this support? If so, who currently provides this support?*

Response:

Ms Francis relies on family support for more demanding tasks. She also receives two hours of help per week assistance from Out of Hospital Care services, focused on household chores like washing and changing beds. This support is temporary while she is in the queue for NDIS (National Disability Insurance Scheme).

*j) Will these supports, or any others you may recommend, likely reduce the Applicant's future disability specific support needs? If so, how?*

Response:

The recommended supports, including occupational therapy, psychological support, and assistive devices, are likely to have a positive impact on Ms Francis' ability to manage her daily life more independently.

- Occupational Therapy:
  - ✦ By learning energy conservation and task simplification techniques, Ms Francis can perform daily activities with less fatigue and dependency on others.
- Psychological Support:
  - ✦ Can help manage the psychological impacts of chronic illness, such as depression and anxiety, which can interfere with daily functioning and the perceived capacity to manage self-care.
- Assistive Devices:
  - ✦ Devices like shower chairs, dressing aids, and adapted kitchen tools can enable Ms Francis to perform self-care tasks independently, reducing the need for human assistance.

However, given the impact of physically demanding tasks on her heart rate, breathing and energy levels Ms Francis will likely require ongoing assistance with household tasks that are strenuous.

*k) Could the Applicant increase their functional capacity for self-care with the use of commonly used items, strategies, modifications to the way that they undertakes tasks, pacing and/or planning of their day/week? If so, what would you recommend, and what would be the Applicant's functional capacity if they undertook their self-care adopting your recommendations? In addressing this question, please ensure that you address the use of commonly used items, and the use of pacing and breaking up tasks into smaller activities.*

Response:

Use of Commonly Used Items and Assistive Devices:

- Shower Chair: To minimise fatigue during bathing.
- Long-Handled Tools: Such as sponges and grabbers to reduce the need for bending or stretching during dressing and bathing.
- Dressing Aids: Like button hooks, zipper pulls, and elastic shoelaces to facilitate dressing with less effort and more independence.
- Household Aids: Such as kitchen stool, robotic vacuum and combination washer/dryer mounted at waist height.

Task Modification:

- Simplified Clothing Choices: Opting for garments that are easier to put on and take off, such as clothes with Velcro or elastic instead of buttons and zippers.
- Seated Working: Encouraging tasks to be done while seated, such as cooking, grooming, and dressing, when possible, to conserve energy.
- Organised Living Spaces: Rearranging commonly used items to be within easy reach to avoid unnecessary movement and strain.

Pacing and Planning:

- Daily Routine Structuring: Breaking activities into shorter segments with rest periods in between to manage fatigue.
- Weekly Planning: Scheduling more demanding tasks on days following lighter activity days to ensure adequate recovery time.
- Energy Conservation Techniques: Educating on how to use less energy to complete tasks by finding the most efficient ways to perform them.

Environmental Modifications:

- Installation of Grab Bars and Rails: In the bathroom, alongside stairs, and in other critical areas to provide support and reduce physical effort.
- Adjustable Furniture: Such as beds and chairs that can be easily adjusted to help with transfers and reduce physical strain.

By adopting these recommendations, Ms Francis' ability to perform self-care tasks could see improvement including:

- Increased Independence: With the use of assistive devices and modifications, she can perform more tasks on her own without needing assistance.
- Reduced Fatigue: Pacing and breaking tasks into smaller segments would help manage her energy levels more effectively, allowing her to complete more activities throughout the day.
- Enhanced Safety: Modifications like grab bars and non-slip mats would decrease the risk of accidents in the home, particularly in high-risk areas like the bathroom.
- Overall Improvement in Quality of Life: By managing her conditions proactively and maintaining as much independence as possible, her overall satisfaction and quality of life can improve.

However, given the impact of physically demanding tasks on her heart rate, breathing and energy levels these strategies alone are unlikely to result in complete independence in physically demanding domestic tasks.

*1) Is the Applicant's function impacted in any way by self-limiting behaviours that could be addressed by rehabilitation or other intervention designed to increase function and independence? If so, please identify what behaviours are involved, what tasks are likely impacted, what intervention may address this and your clinical reasoning behind this recommendation.*

Response:

No self-limiting behaviours identified.

**6. Self-Management:** *means the cognitive capacity to organise one's life, to plan and make decisions, and to take responsibility for oneself, including completing daily tasks, making decisions, problem solving and managing finances.*

*Based on your observation:*

*a) Please describe your observations of the Applicant's cognitive abilities including, but not limited to,*

*foundational cognitive skills (attention, concentration, memory) and executive cognitive function (planning, organisation, mental manipulation, abstraction).*

Response:

- Foundational Cognitive Skills:
  - ✦ Attention: Ms Francis maintained attention for the duration of the 2.5-hour assessment. However, she was occasionally prone to distractions, particularly when fatigued.
  - ✦ Concentration: Her ability to concentrate was adequate for the duration of the assessment. Extended focus, especially in noisy or complex environments, however, is reported to result in more rapid cognitive fatigue,
  - ✦ Memory: Ms Francis was able to recall recent events and instructions relatively well during the assessment. However, she reported occasional lapses in remembering daily tasks without reminders.
- Executive Cognitive Function:
  - ✦ Planning and Organization: Ms Francis demonstrated an ability to plan day-to-day activities but often required the use of lists and reminders. Her strategies to cope with her physical limitations indicate an ongoing adjustment to her planning capabilities.
  - ✦ Mental Manipulation: She was capable of handling tasks requiring basic mental manipulation, such as adjusting daily schedules. Complex multitasking or rapid mental shifts appeared more challenging, particularly when she was fatigued.

Ms Francis' cognitive abilities are largely intact, but her physical health issues, including cardiac symptoms, pain and fatigue, impact her cognitive stamina and efficiency. The cognitive demands of managing her health conditions, along with daily life tasks, can strain her cognitive resources, leading to increased instances of memory lapses and reduced concentration over time. Cognitive fatigue impacts her performance, particularly later in the day or during flare-ups of her condition.

*b) Is the Applicant able to make decisions independently? If not, why not?*

Response:

According to NSW's Capacity Toolkit<sup>5</sup> a person is deemed to have the capacity to make a decision when they are able to:

- Understand the facts involved;
- Understand the main choices;
- Weigh up the consequences of the choices;
- Understand how the consequences affect them; and
- Communicate their decision.

Ms Francis reported that generally she is able to make decisions and independently plan and manage her finances, medical and treatment and other routine self-management tasks.

<sup>5</sup> New South Wales. Attorney-General's Department Diversity Services Unit. (2008). *Capacity toolkit : information for government and community workers, professionals, families, and carers in New South Wales*. Parramatta, N.S.W : Attorney General's Dept. of NSW, Diversity Services Unit, [http://www.lawlink.nsw.gov.au/lawlink/diversityservices/LL\\_DiversitySrvces.nsf/pages/diversity\\_services\\_capacity\\_toolkit](http://www.lawlink.nsw.gov.au/lawlink/diversityservices/LL_DiversitySrvces.nsf/pages/diversity_services_capacity_toolkit)



However, when severe her symptoms can impact her cognitive capacity, affecting her ability to organise, plan and make decisions.

Ms Francis experiences cognitive impairment (often referred to as "brain fog") including:

- Difficulty with concentration, memory, and processing information.
- Slowed thinking and difficulty finding words or following conversations.

Ms Francis' brain fog can reduce her ability to manage her affairs independently. These impairments affect her decision-making, planning, organisation, and task initiation, making it necessary for her to rely on external supports at times.

*c) What type and level of therapeutic assistance (if any) does the Applicant need to support her to make decisions? What does this support involve? If aids/devices are used, please specify.*

Response:

Ms Francis is able to make her own decisions.

*d) What condition/s, disabilities or circumstance/s directly affect the Applicant's ability to effectively undertake self-management tasks? To what extent do the Applicant's mental health conditions affect her abilities in the domain of Self-Management in comparison to other physical factors such as pain or fatigue.*

Response:

Ms Francis' ability to undertake self-management tasks is significantly impacted by a combination of mental and physical health conditions, which include chronic pericarditis, myocarditis, psoriatic arthritis, and associated chronic pain and fatigue.

- Chronic Pericarditis and Myocarditis: These conditions result in severe fatigue, reduced physical endurance, and increased heart rate with minimal exertion, which during flare-ups can limit her ability to undertake self-management tasks.
- Psoriatic Arthritis: Persistent pain reduces motivation and physical capability for daily tasks and necessitates frequent rest periods, further disrupting task management.
- Fatigue: The profound fatigue associated with her conditions often necessitates extended periods of rest, thereby limiting the time available for activities and requiring her to prioritise energy conservation over task completion.
- Anxiety: Contributes to difficulty concentrating, decision fatigue, and avoidance of tasks that may seem overwhelming, directly affecting task initiation and completion.

*e) Does the Applicant currently receive this support? If so, who currently provides this support?*

Response:

Ms Francis' husband assists with the performance of self-management tasks when her symptoms are aggravated.

f) Will these supports, or any others you may recommend, likely reduce the Applicant's future disability specific support needs? If so, how?

Response:

Ms Francis is able to make her own decisions.

Given her cognitive limitations, Ms Francia may need to rely on external supports, such as reminders, written instructions, use of Assistive Technology, or assistance from a trusted person, to help her make both simple and complex decisions effectively.

g) Does the Applicant have insight into her ability to make appropriate decisions? If not, please provide details and examples.

Response:

Yes.

h) To what extent (if at all) does the Applicant's impairment/s prevent them from being able to manage their affairs?

Response:

Ms Francis is capable of managing her own affairs.

## STANDARDISED ASSESSMENTS

### Care And Needs Scale (Cans)

The CANS was used to measure Ms Francis' level of support needs.

*"The Care and Needs Scale<sup>6</sup> (CANS; Tate, 2004) is an 8-level categorical scale that is designed to measure the level of support needs of older adolescents and adults with traumatic brain injury. It is intended to be administered by health professionals with experience working in a rehabilitation setting with people with brain injury. The CANS is suitable for people who are 16 years of age and older".*

The Support Levels of the CANS are as follows:

Level of support need	Length of time that can be left alone
Level 7	Cannot be left alone. Needs nursing care, assistance and/or monitoring 24 hours per day.

<sup>6</sup> Tate, R.L. (2017). *Manual for the Care and Needs Scale (CANS)*. Unpublished manuscript. John Walsh Centre for Rehabilitation Research, University of Sydney. Updated version 2.

Level of support need	Length of time that can be left alone
Level 6	Can be left alone for a few hours. Needs nursing care, assistance and/or monitoring 20-23 hours per day.
Level 5	Can be left alone for part of the day, but not overnight. Needs nursing care, assistance, supervision and/or direction 12-19 hours per day.
Level 4	Can be left alone for part of the day and overnight. Needs support each day (up to 11 hours) for assistance, supervision direction and/or cueing for occupational activities, interpersonal relationships and/or living skills. CANS Level 4 is sub-divided into three sub-divisions as follows: <ul style="list-style-type: none"> <li>➤ CANS 4.3 indicates that the support level is CANS level 4 with the highest care item endorsed YES in the Needs Checklist being in group A</li> <li>➤ CANS 4.2 indicates that the support level is CANS level 4 with the highest care item endorsed YES in the Needs Checklist being in group B</li> <li>➤ CANS 4.1 indicates that the support level is CANS level 4 with the highest care item endorsed YES in the Needs Checklist being in group C</li> </ul>
Level 3	Can be left alone for a few days a week. Needs support for occupational activities, interpersonal relationships, living skills or emotional support a few days a week.
Level 2	Can be left alone for almost all week. Needs support for occupational activities, interpersonal relationships, living skills or emotional support at least once a week.
Level 1	Can live alone, but needs intermittent (i.e., less than weekly) support for occupational activities, interpersonal relationships, living skills or emotional support.
Level 0	Can live in the community, totally independently Does not need support.

**Type of Care and Support Need: Group A**

Group A Description: Requires nursing care, surveillance for severe behavioural/cognitive disability, and/or assistance with or supervision with basic ADLS

- CANS Level 7, 6, 5 or 4 for support required

**Support Needs Required****Comment**

*Ms Francis does not meet this criterion*

Does not meet this criterion.

**Type of Care and Support Need: Group B**

Group B Description: Requires assistance, supervision, direction and/or cueing for basic ADLS

- CANS Level 4 for support required

**Support Needs Required****Comment**

- *Bathing/Dressing*

Ms Francis requires physical assistance with some aspects of personal care.

<b>Type of Care and Support Need: Group C</b> Group C Description: Requires assistance, supervision, direction and/or cueing for instrumental ADLs and/or social participation - CANS Level 4, 3, 2 or 1	
<b>Support Needs Required</b>	<b>Comment</b>
- <i>Shopping</i>	Ms Francis requires assistance with shopping.
- <i>Domestic</i>	Ms Francis requires assistance with performing domestic tasks including meal preparation, cleaning, and laundry.
- <i>Transport and outdoor surfaces</i>	Ms Francis requires assistance to access the community due to her reduced endurance and mobility.
- <i>Leisure and recreation / play</i>	Ms Francis requires assistance to participate in leisure and recreation activities.
<b>Type of Care and Support Need: Group D</b> Group D Description: Requires assistance, supervision, direction and/or cueing for instrumental ADLs and/or social participation. • CANS Level 3, 2 or 1	
<b>Support Needs Required</b>	<b>Comment</b>
Emotional Supports	Ms Francis requires emotional support.
Informational Supports	Ms Francis requires informational support.
<b>Type of Care and Support Need: Group E</b> Group E Description: Fully Independent - CANS Level 0	
<b>Support Needs Required</b>	<b>Comment</b>
<i>Ms Francis does not meet this criterion.</i>	Does not meet this criterion.

Based on the above assessment results and clinical considerations, Ms Francis is assessed as requiring a Level 3 of assistance to ensure her continued health and safety.

Level 3 on the Care and Needs Scale typically indicates that the individual requires *assistance a few times per week* including:

- Regular Assistance: Ms Francis requires daily assistance for some activities including washing her hair, meal preparation, cleaning, laundry, shopping, transport, and community access.
- Supervision: Ms Francis requires supervision and guidance including planning and organising daily activities when her symptoms are severe.
- Mobility and Safety: Ms Francis requires assistance with mobility, such as transport for community access.
- Cognitive Support: Ms Francis experiences cognitive impairments, such as memory issues or difficulty with decision-making, and may require regular reminders or support in managing these aspects of daily life.

This level of support indicates that Ms Francis requires assistance a few times per week.

**WHODAS 2.0 36 Item Version, Proxy-Administered<sup>7, 8</sup>**

*The World Health Organization Disability Assessment Schedule (WHODAS 2.0) measures disability due to health conditions including diseases, illnesses, injuries, mental or emotional problems, and problems with alcohol or drugs. Difficulty ratings: 0-24% None; 25-49% Mild; 50-74% Moderate; 75-99% Severe; 100% Extreme or cannot do.*

The WHODAS 2.0 was conducted with Ms Francis to understand the difficulties she has across 6 domains:

1. Cognition – understanding & communicating (speech impairment)
2. Mobility– moving & getting around
3. Self-care– hygiene, dressing, eating & staying alone
4. Getting along– interacting with other people
5. Life activities– domestic responsibilities, leisure, work & school
6. Participation– joining in community activities

Difficulty with an activity means increased effort, discomfort or pain, slowness, or changes in the way the activity is done. Ms Francis was asked to report on the average level of difficulty she had while doing activities in each domain over the past 30 days.

<b>Cognition</b>		<b>Domain Score</b>
D1.1	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?	4
D1.2	<u>Remembering</u> to do <u>important things</u> ?	4
D1.3	<u>Analysing</u> and finding solutions to problems in day-to-day life?	5
D1.4	<u>Learning</u> a <u>new task</u> , for example, learning how to get to a new place?	5
D1.5	<u>Generally understanding</u> what people say?	2
D1.6	<u>Starting and maintaining</u> a <u>conversation</u> ?	3
		23/30
<b>Mobility/Getting Around</b>		
D2.1	<u>Standing</u> for <u>long periods</u> such as <u>30 minutes</u> ?	5
D2.2	<u>Standing up</u> from sitting down?	2
D2.3	<u>Moving</u> around <u>inside your home</u> ?	3

<sup>7</sup> <https://www.sralab.org/rehabilitation-measures/world-health-organization-disability-assessment-schedule-ii>

<sup>8</sup> [https://www.who.int/classifications/icf/more\\_whodas/en/](https://www.who.int/classifications/icf/more_whodas/en/)

D2.4	<u>Getting out</u> of your <u>home</u> ?	4
D2.5	<u>Walking a long distance</u> such as a <u>kilometre</u> [or equivalent]?	5
		19/25
<b>Self-Care</b>		
D3.1	<u>Washing your whole body</u> ?	2
D3.2	Getting <u>dressed</u> ?	3
D3.3	<u>Eating</u> ?	3
D3.4	Staying <u>by yourself</u> for a <u>few days</u> ?	3
		11/20
<b>Getting Along With People</b>		
D4.1	<u>Dealing</u> with people <u>you do not know</u> ?	4
D4.2	<u>Maintaining a friendship</u> ?	3
D4.3	<u>Getting along</u> with people who are <u>close</u> to you?	2
D4.4	<u>Making new friends</u> ?	4
D4.5	<u>Sexual activities</u> .	3
		16/25
<b>Life Activities</b>		
D5.1	Taking care of your <u>household responsibilities</u> ?	5
D5.2	Doing most important household tasks <u>well</u> ?	5
D5.3	Getting all the household work <u>done</u> that you needed to do?	5
D5.4	Getting your household work done as <u>quickly</u> as needed?	5
D5.5	Your day-to-day <u>work/school</u> ?	5
D5.6	Doing your most important work/school tasks <u>well</u> ?	5
D5.7	Getting all the work <u>done</u> that you need to do?	5
D5.8	Getting your work done as <u>quickly</u> as needed?	5
		40/40

Participation In Society		
D6.1	How much of a problem did you have in <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?	5
D6.2	How much of a problem did you have because of <u>barriers or hindrances</u> in the world around you?	3
D6.3	How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others?	3
D6.4	How much <u>time</u> did <u>you</u> spend on your health condition, or its consequences?	5
D6.5	How much have <u>you</u> been <u>emotionally affected by your health condition?</u>	5
D6.6	How much has your health been a <u>drain on the financial resources</u> of you or your family?	3
D6.7	How much of a problem did your <u>family</u> have because of your health problems?	5
D6.8	How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure?</u>	5
		34/40

Completion of the WHODAS 2.0 (see above) identified Ms Francis as performing at an **78.9% level of disability**. This result suggests that Ms Francis experiences:

- Severe Disability: A score of 78.9% suggests that Ms Francis is experiencing significant difficulties in functioning across multiple domains of daily life. This level of disability impacts her ability to perform everyday tasks independently and requires substantial support.
- Functional Impairment: Ms Francis severe limitations in areas such as cognition, mobility, self-care, communication, getting along with others, life activities, and participation in society. These difficulties are substantial enough to interfere with Ms Francis's ability to live independently or engage fully in social, work, or community activities.

### Fatigue Severity Scale

The fatigue severity scale was completed with Ms Francis. This is a 9-item scale that measures the impact fatigue has on a person's ability to carry out daily occupations. The scale is scored out of 63, with a higher score indicating a greater impact on daily tasks. Ms Francis scored a total of 60 on the fatigue severity scale. This score indicates that fatigue is having a severe impact on her function.

Ms Francis strongly agreed with the following statements:

- Exercise brings on my fatigue.
- I am easily fatigued.
- Fatigue interferes with my physical functioning.
- Fatigue causes frequent problems for me.
- My fatigue prevents sustained physical function.
- Fatigue interferes with carrying out certain duties and responsibilities.
- Fatigue interferes with my work, family, and social life.

This result indicates that Ms Francis experiences:

- **Extreme Fatigue:** This result suggests that fatigue is a constant and overwhelming presence in their life.
- **Significant Impact on Functioning:** At this level, fatigue is debilitating, severely impacting Ms Francis's ability to perform daily activities, engage in social interactions, and maintain a normal quality of life. Fatigue of this level is so severe that it interferes with basic tasks such as self-care, mobility, and cognitive functioning.

### Community Integration Questionnaire – Revised (CIQ-R)

The CIQ-R is a tool that measures an individual's engagement in the community. It uses 18 items across four subscales including active participation of the person in the operation of the home (Home Integration) participation in a variety of activities outside the home and interpersonal relations (Social Integration) involvement in employment, education, and volunteer activities (Productivity) and participation in electronic social networking (ESN).

The CIQ-R provides a rating of the level or frequency of involvement in a range of community activities including financial management, grocery shopping, child-care, meal preparation, housework, community access, social activities, employment, study, and volunteer work.

#### ***Ms Francis scored 6 out of 36, indicating significant difficulty with community engagement.***

Ms Francis scored the following within each subsection:

Domain	Score	Functional Impact
Home Integration	6/12	Requires support to complete meal preparation, cleaning, laundry, and shopping.
Social Integration	6/10	Requires support to engage in leisure, social and recreational activities.
Productivity	1/7	Requires support to access the community to engage in work, study, or volunteer activities.
Electronic Social Networking	5/6	Occasionally uses her phone to engage with others.

These results suggest:

- **Low Community Integration:** A score of 18 out of 36 suggests that Ms Francis is experiencing challenges in integrating into her community. This score reflects limited participation in home activities, social interactions, and productive roles.
- **Limited Social Interaction and Activities:** Ms Francis has reduced involvement in social activities or community events, due to physical limitations.
- **Restricted Home and Productive Activities:** The low score also indicates that Ms Francis struggles with or is unable to perform tasks within the home or engage in work, or volunteer activities.



A score of this level highlights a need for targeted interventions to improve Ms Francis's level of community integration. This might include formal support, and assistive technologies to enhance her ability to participate more fully in community life.

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