

Case Study James' Story



“ In 2015 I was knocked off my bicycle by a car and suffered a head injury. I could never have imagined the consequences of this and the impact that it would go on to have on my own and my family's lives. ”

James cycled to and from work on most days and enjoyed cycling in his leisure time. Describing themselves as an active family with a broad social life and many friends, James and his wife involved themselves and supported their two young sons, aged 7 and 9, in many activities; tennis, swimming, cycling and walking. The local Leisure Centre was a key destination for them all. James was also an assistant Beaver Scout leader.

James sustained a head injury, a fracture to his right shoulder and ligament damage to his left knee after a car turned into his pathway as he cycled home from work.

James' injuries had an immediate impact on his work as a finance accounts analyst and family life. After being discharged from hospital, James found that he was not able to be the hands-on Dad and supportive husband he had been prior to the accident, and his wife was unable to continue with her training to return to full-time work.

“ I spent the first few months in bed and was not able to take part in family life or work. I don't remember a lot about this time, but I do know I missed out on important events in my family's lives, such as my youngest son scoring his first goal for his Sunday league football team, my eldest son winning a tennis tournament and being able to do something special for my wife on our 11th wedding anniversary (it was my year to make the plans); these are not things that you can get back. ”

Some twelve weeks after the accident, James' wife contacted Krysalis to ask for help. An initial assessment was undertaken that identified the presenting features affecting James' quality of life and, most importantly, gaining James' perspective. There was evidence of: broken sleep patterns in the night and much reduced involvement in daily activities which fatigued him quickly leading to sleep being taken during the day; reduced levels of concentration; intolerance to noise, people and busy environments; nervousness in going out; and, difficulty in focusing on what was important. A cognitive assessment was completed that highlighted James having difficulty with tracking time, visual memory and auditory memory. The rehabilitation pathway and goal setting included close working with James' employers to educate and enable them to play a key role in supporting the Occupational Therapist to introduce a graduated return to work plan. James' wish of focusing "to return to health and my old life" was equally as important in the rehabilitation planning and goal setting.

“ I could talk a lot about my focus, but this alone would have gotten me nowhere. I can't begin to explain how hard and frustrating it is to not see or find a way out of the situation. ”

The first three-month rehabilitation plan was set in motion within three weeks of Krysalis' appointment. This primarily focused on the introduction of a fatigue management programme and graded increase of activities in the home, with James completing an activity diary to enable the Occupational Therapist to monitor symptoms before increasing activities. This was then followed by the second three-month rehabilitation plan focusing on familial activities during the summer holidays and James' using specifically designed Excel timetables to help him – this had added value in bringing James back into contact with a tool he used routinely within his working environment.

“It was only through the intervention provided by my Occupational Therapist that I was able to begin my journey back to health and my old life.”

The third period of rehabilitation planning included the commencement of a graduated return to work with weekly trips of one hour to re-familiarise James with the work environment; the commencement of a home-based work trial and structured rest periods. Brain injury education sessions were also carried out with his employer and James' Manager, and these were followed up throughout the period with reviews of the home-based work trial.

“When it came to returning to work, my Occupational Therapist was able to work with my employer to help them understand the complexities of my situation; the sort of things they could expect, how they could help and how we could all work together to create a plan and structure that would allow me to complete a phased return to work.”

A fourth period of rehabilitation planning focused on James spending increased periods of time at work with regular rest periods. A traffic light coding system was used to measure the level of task difficulty. Initially, James identified most tasks as 'red', indicating they were very challenging and caused an increase in symptoms. However, through regular review, James identified that red tasks became less challenging and symptomatic leading to tasks eventually being re-coded to green tasks.

James completed a full return to work within a year of the initial phase of his return to work planning. He now understands he needs to ensure he allows himself rest periods during the working day and his employers support him in this. He has developed strategies to cope with the fluctuation in workload and complexity demands, and enjoys being able, once again, to be a hands-on Dad and attend social engagements with his wife and friends.

“I am so grateful for her help, assistance and understanding in helping us find the light at the end of the tunnel leading and, other times, guiding us towards it. I am convinced that without the intervention of an Occupational Therapist, I would not be where I am today.”

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