

# Rebuilding a Future, A Young Man's Rehabilitation After Brain Injury: A Case Study by Catherine Williams



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## Introduction to Catherine

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Catherine brings a diverse and wide ranging set of skills having worked as an occupational therapist for 36 years. She has worked in the UK, East Africa and the Middle East giving her a unique perspective on the challenges of working in highly complex and politicised environments. Her experience in advocating and brokering consensus enables her to maintain a focus on achieving realistic outcomes.

Working in clinical and leadership roles across health, social care and clinical commissioning she has a deep knowledge of statutory and non statutory provision and is well versed in navigating complex systems to achieve outcomes for her clients.

Catherine is a passionate occupational therapist with a rich and diverse set of transferable skills. She is a passionate advocate for people to maximise their independence and exercise their autonomy regardless of circumstance. Catherine thrives in fast moving and challenging environments and is able to undertake rapid and objective assessment to guide intervention or inform and mobilise plans.

Catherine has a consultative approach, understanding the crucial role personal motivation plays in effective teamwork and in delivering successful outcomes. Working in East Africa taught Catherine patience, resilience, humility and to never underestimate individual determination to thrive in the most challenging circumstances. This experience has been seminal in her career pathway and has shaped her approach ever since.

## Introduction to the Case

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The client is a 17-year-old young man who lives with his grandfather and younger sister. He is in his first year of a T-Level Engineering course and aspires to undertake a degree apprenticeship. Fiercely independent and sociable, the client has a wide circle of friends and is determined to make the most of any opportunities that come his way. He has ridden dirt bikes for most of his life and obtained his compulsory Basic Training (CBT) to ride a 50cc moped at 16, progressing to a 125cc motorbike on his 17th birthday. Two days later, he was involved in a Road Traffic Collision (RTC) on his way to college. The case manager was instructed to complete an Initial Needs Assessment (INA) to identify the client's immediate needs and outline a rehabilitation pathway to support his recovery.

## Summary

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The client was driving his motorbike when he was involved in a RTC 23.09.24 initially sustaining the following injuries:

- Fracture right 2nd metacarpal
- Wound right forearm
- Deep lacerations right side neck
- CT brain showed no acute trauma related injury
- Coincidental finding of cerebral atrophy

The client was conveyed to A&E and discharged home the same day. In the early hours of the following day he became drowsy and complained of a severe headache. The client was admitted for observation and diagnostics. His original CT was reviewed and no concerns regarding trauma related injuries were reported, however a follow up MRI was requested. The client was discharged home four days later.

The client returned to college but struggled to maintain focus and his attendance was sporadic and his headaches continued to trouble him resulting in another attendance to A&E four weeks after his discharge.

“Catherine has built a great rapport with our client and is doing everything she can within the scope of the Rehabilitations Code, with a challenging insurer.”

**- Claimant Solicitor**

07.11.24 the client attended for the scheduled MRI head. The report stated that no intervention required from Neurosurgery and to manage symptomatically and rescan if he develops new neurological symptoms. Diagnosis: Traumatic bilateral subdural hematoma.

04.12.24 the case manager completed an INA.

At the time of the INA the client reported that he had returned to his normal routine soon after the incident and was determined not to let it affect his education. However, on returning home he started to develop significant psychological and cognitive problems that were completely out of character that began to impact considerably on his occupational performance and participation in daily activities at school and at home. The client described himself before the incident as confident and outgoing, a driven and ambitious individual. Since the incident he reflected that he had become withdrawn and lacking in motivation. He described challenges with his short-term memory that were causing him to fall behind at school and rely heavily on his grandfather to prompt and supervise activities at home. The client's grandfather observed that his personality has completely changed since the incident. The client was unable to look at or touch the scar on his neck. He stated that he had not been able to show the scar to anyone and kept it hidden from view. He was worried that people would assume that he had been in a fight and that would cause them to judge him unfairly.

At the INA the client presented as an engaging and thoughtful young man who had a clear plan for his future. He expressed a deep emotional connection to his grandfather, and their interdependence was evident to the case manager. The client's priority was to complete his studies and advance to a Degree Apprenticeship in Engineering, but he was fearful that the effects of the incident will cause him to fail. The client's grandfather had been diagnosed with cancer just prior to the incident and had extensive surgery planned in the coming weeks that would mean that he would struggle to provide physical assistance to the client.

The case manager identified limitations in areas of occupational performance and completed the European Brain Injury Questionnaire (EBIQ) to determine the client's subjective well-being and as a result the following domain areas were identified as presenting a potential risk to his functional independence:

- Education
- Domestic activities of daily living
- Personal activities of daily living
- Mobility
- Psychological
- Pain
- Sleep
- Relationships
- Cognition

The client identified the following goals:

- I want to finish my studies
- I want to be back to normal and be able to look after myself without having to rely on others
- I want to regain my confidence and self esteem

The case manager recommended a series of interventions to mitigate the risks identified and initiate a robust and comprehensive rehabilitation pathway. The case manager was committed to work alongside the NHS Head Injury Service; however, the service had stated that it had limited resources and lengthy waiting times for therapeutic services. Occupational Therapy had initiated contact with the client prior to the INA, however there was no indication when physiotherapy or neuropsychology would be available to see him.

The case manager recommended the following:

- Referral to private neuropsychologist to outline the client's cognitive, emotional and behavioural difficulties and make recommendations for ongoing treatment.
- Referral to private physiotherapist to address symptoms of vertigo, pain in right hand and potential whiplash.
- Work with College and the Local Authority to consider interventions such as assistive technology and literacy packages to enable him to continue to engage with education. Consider an EHCP
- Private neurerehabilitation specialist to advise on rehabilitation pathway
- Private endocrinology assessment to consider whether there was any impact to the Pituitary gland
- A taxi account to enable the client to engage with rehabilitation and medical appointments and transport to college and shops while the client's grandfather was recovering from surgery
- Domestic support while the client's grandfather was recovering from surgery

13.12.24 the client was admitted as an emergency to the Regional Neurosciences Unit having reported an escalation in the headaches and underwent burr-hole surgery to remove left subdural hematoma. 16.12.24 the client was discharged home.

16.12.24 INA approved in its entirety.

Following the unplanned health events after the INA the case manager re-evaluated the client's needs and together, they immediately prioritised neuropsychology, physiotherapy and engagement with college to ensure the client was able to continue to engage with his studies, which has remained his highest priority. Private Neuropsychological treatment commenced in February 2025 and is ongoing. The primary focus has been on cognitive fatigue and sleep management, trauma focused psychological therapy to reduce residual distress and exploring his self-image. Private Physiotherapy is supporting the client to re-engage with exercise, treat his whiplash and hand pain and initiate scar management. NHS Occupational Therapy is supporting the client with fatigue management and practicing cognitive strategies to address difficulties with attention, processing sensory information, recall and organisational skills.

The case manager has facilitated an assessment with the NHS Consultant in Neurorehabilitation and has sought to secure NHS Orthopaedic review of the fracture to the right 2nd metacarpal and a referral to Plastic Surgery to consider a revision to his scar. The case manager continues to support the client's return to driving by coordinating his interactions with the DVLA and the process to reapply for his licence. The case manager has worked very closely with the client's college, participating in his Personal Education Plan (PEP) to ensure that the outcomes and progression with rehabilitation services inform his progression through education.

Throughout the client's recovery the case manager has managed and coordinated a complex MDT that has comprised of NHS, Local Authority, Education and private providers alongside what continues to be a fluid treatment pathway that has had to be regularly adjusted according to Tom's needs and emerging problems and challenges.

## Conclusion

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The case manager continues to support the client through his rehabilitation journey and as of July 2025 Tom has successfully completed his first year in his T-Level course and was awarded the college's Outstanding Student of the Year Award (2025) “Despite the continual barriers that seem to land in front of him, the Client continues to be on such a positive pathway, he is now one of the top students on the course and is an ambassador for those who must work hard to excel”

The client is now taking driving lessons (car) and hopes to pass his test during the summer of 2025. Tom continues to work hard on his physical recovery with his physiotherapist and although he continues to struggle with his body image, he is starting to feel confident enough to wear t-shirts when he is out and about and feel less influenced about what others may think of his scars. His cognitive recovery has been especially challenging for such a strong-minded young man but he is showing that he is taking on board the strategies he is learning from the Neuropsychologist and Occupational Therapist and implementing them in his daily activities. He worries about his grandfather's health and has accepted that his role has moved to that of being a carer, a role that he is determined to fulfil to the best of his ability.





## How Unite Professionals managed the case

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The case manager has followed a client-led approach by being sensitive to the client's determination to be independent alongside the need to advocate on his behalf as he navigates his way through his complex recovery journey. The client is a determined and resolute young man who initially tried to manage and contextualise the impact of his incident in ways that he has overcome challenges in his life in the past – by 'firming it' and 'just getting on with things'. The client demonstrates a level of maturity and resilience that has been commented and observed on by all members of the MDT and has undoubtedly enabled him to maintain his independence. This has, however, often resulted in him trying to manage by himself the complex network of health care professionals, alongside maintaining a focus on his education, coming to terms with the cognitive, psychological and physical impact of his injuries, as well as becoming his grandfather's carer while he himself faces significant health challenges. The case manager has developed an honest and transparent relationship with the client and his grandfather and has remained a constant presence, provided advice and reassurance, and helped to build the client's confidence by listening to his concerns, fears and wishes for the future, and ensuring that his voice is heard.

## Thoughts from the case manager about their role in this rehabilitation journey:

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From my first meeting with the client, it was clear how crucial his previous life experiences, and his level of maturity and determination, were going to be in his recovery. It was easy sometimes to mistake him for a much older person, but then suddenly he would do something that reminded me he was still a young boy. Supporting the client through such a complex set of circumstances following his incident, coupled with him experiencing all the challenges of being a 17-year-old boy, has been a learning journey for me personally. I have been reminded how important it is to remain objective despite being immersed in the complexity of someone else's life; to have a strong sense of compassion and empathy alongside the need to objectively assimilate complex clinical, social, and psychological information in order to build a complete picture of an individual's needs.

**For questions and enquiries, reach out to us!**

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