

A Young Person's Path to Recovery: A Case Study by Stephanie McDonald

*For confidentiality, all personal information presented in this case study has been fully anonymised.



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Introduction to Stephanie

Stephanie is a qualified Nurse and health visitor with extensive experience in case management, across paediatric, young people and adults affected by brain injuries, complex-trauma, and major incidents. She effectively manages a varied caseload, prioritising individuals with time-critical needs, and demonstrates strong clinical judgement and confidence in her practice.

Stephanie excels in establishing and maintaining constructive relationships with key stakeholders and colleagues, facilitating collaborative working and the development of innovative strategies to enhance team cohesion and promote wellbeing.

Stephanie is a friendly individual with a flexible and professional manner. She quickly grasps practical concepts and adapts effectively in fast paced situations. Resourceful and responsive, she pays close attention to detail. Steph is empathetic and passionate about supporting injured individuals throughout their rehabilitation journey, helping them achieve their goals. She is creative, hard-working, organised, and reliable, maintaining a healthy work-life balance.

Introduction to the Case

Mohammed was 16 years old when he was involved in a collision with a motor vehicle whilst he was a pedestrian, on a zebra crossing on his way to school. As a result of the incident, he sustained multiple injuries including a fractured humerus, fractured pelvis, a traumatic brain injury (TBI). He required hospitalisation and was taken to the Royal London Hospital for several weeks.

Following discharge from hospital he returned to the family home without any assistive equipment in place. He was cared for by his family on a mattress on the living room floor. Mohammed was not able to sit up or walk and so was totally dependent on his family to meet all his activities of daily living.

Summary

Once Stephanie became involved in Mohammeds care, she initiated extensive liaison with The Royal London Hospital's "After Trauma Team" to facilitate coordinated support. This specialist team had access to all the hospital departments enabling them to gather clinic letters, confirm appointments, arrange hospital transport, and support with safeguarding queries amongst other tasks. They were crucial at this point of Mohammeds recovery as the parents-understandably affected by the traumatic events-faced considerable challenges with information sharing. Communication was often incomplete or inaccurate, compounded by their limited grasp of the English language and their uncertainty around accessing appropriate support. With Stephanie's intervention, appropriate equipment to meet Mohammed's immediate care needs was arranged and delivered the following day, significantly improving the family's ability to support him at home.

Initially Mohammeds physical injuries remained under the care of the NHS as they were managing them well, but physio and OT were coming in infrequently with time. In response Stephanie arranged private physio, private Occupational Therapy (OT) and private neuropsychology input to ensure continuity of care and his rehab needs were being addressed.

When Stephanie first became involved in Mohammeds rehabilitation he would barely communicate with her. He presented as extremely shy, and his communication ability was limited following the impact of the TBI. He appeared confused which further affected his capacity to interact meaningfully with those around him.

Stephanie introduced a support worker to help him to do his OT and physio exercises and work on the neuropsychologists' tasks. The support worker was a post graduate psychology student and would meet with Mohammed a couple of times a week, to do the exercises prescribed by the Physio and the OT and then to go out to explore the community in a structured way.

Later, they worked with Mohammed to prepare for going back to school. He demonstrated strong motivation to go back to school so engaged well with the support worker as he was driven by the end game of resuming his studies. The incident occurred shortly after he had completed his GCSEs and through a coordinated and goal – focused approach, he successfully returned to school by the end of October within the same academic year.

In addition to Mohammeds needs there were other family needs to consider and to negotiate on this rehab journey. Mohammeds younger brother aged four, had additional – yet undiagnosed -needs that required significant care and attention from the mother. There was further impact from the extended family, as Mohammeds grandparents lived in a separate accommodation within the garden. They had their own care needs to be met by the mother and spoke limited English also. Dad ran his own business, which included breeding security dogs. During this time, a litter was kept in the bathroom preventing Mohammed from using bathroom facilities during those weeks. When adaptations were being considered to meet Mohammeds care requirements, Dad said that he wanted to use friend to do the adaptations. A quote was requested by the case manager so that it could be considered along with the others that were submitted, Dad proceeded independently funding the work himself, taking considerable time to do so.

“He was a very quiet young man and allowed his dad to make all the decisions, eventually though as his confidence built, he was able to talk directly to me to give me feedback as his as trust developed. It was good to have that relationship with them both, and see Mohammed develop in confidence with time and patience.”

- Stephanie McDonald, Case Manager & Clinical Lead

Conclusion

Because the case manager took the time to understand Mohammed, his particular interests, his priorities; to take time to get to understand his particular family dynamics and his injuries not just focusing on the injuries, Stephanie was able to support him to make a speedy recovery. Knowing those personal details enhanced the recovery process for Mohammed.

By recognising the specific developmental and social needs of a 16-yr old Stephanie identified that Mohammed would likely respond more positively to rehabilitation if supported by someone closer to his own age. Introducing a 20-year-old male support worker created a more relatable and engaging relationship, which improved engagement in both occupational therapy and physiotherapy interventions. The support worker was a psychology graduate with similar sporting interests and shared a passion for cricket. This support worker also helped Dad to keep track of medical appointments. By involving Mohammed in his care plan and supporting him to get out into the community, his recovery was expedited and he was able to independently get the train to college less than a year later.

This bespoke approach removed a potential barrier to rehabilitation for Mohammed and contributed significantly to his ability to engage in therapy and achieve the best possible outcome.

**For questions and
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