

# Empowering a Young Adult to Redefine Independence After Brain Injury: A Case Study by Katie Turner



## Introduction to Katie

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Katie has over 30 years of extensive experience in the field of occupational therapy. Since obtaining her qualification in 1987, she has worked across various statutory service provisions in the South East and West of England, and Australia. The focus has been on community rehabilitation hospitals and community social care, including home adaptations to support long term independence and care reduction. Her diverse roles have included serving as a clinical advisor for a care aid, seating, and wheelchair company, and more recently, functioning as an independent Occupational Therapist collaborating with referrals from other Case Managers.

In her capacity as an independent Occupational Therapist, Katie has provided support to individuals who have suffered significant trauma, including amputations, brachial plexus injuries, head injuries, and chronic regional pain syndrome. She has successfully established and run occupational therapy-led Discharge to Assess units in two care home facilities. Currently, she continues her clinical work as an independent Occupational Therapist and Case Manager for Unite Professionals. These varied experiences have greatly enriched Katie's clinical skills.

Katie is a self-directed and reflective practitioner, who thrives in novel situations, using them as opportunities for learning and innovation. She constantly demonstrates respect for professional boundaries and maintains a clear awareness of her clinical competencies.

She demonstrates a collaborative approach within multi-disciplinary teams ensuring the monitoring and delivery of individualised treatment plans and interventions by other professions.

## Introduction to the Case

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The client was involved in a road traffic collision (RTC) whilst he was on his motorcycle vs motorcar. He sustained multiple complex fractures, the most significant being to his right femoral shaft and right femoral neck. These injuries resulted in him having an external fixator.

In addition to the femoral injuries, he sustained fractures to the right elbow, right wrist, bilateral forearm fractures involving the radius and ulna, along with spinal fractures. Following the incident, he was admitted to hospital for nearly 6 months. He was subsequently discharged in February of the following year with a self-propelled wheelchair to facilitate access to the ground-floor amenities of his home. He was unable to access the upper level or go outside independently.

## Summary

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The client is a 36yr old Polish male who has lived in England for the last 10 yrs. He is divorced, lives on his own and has joint custody of his 8-yr old daughter. Prior to the injury, he was very active, unconventional and independent and so was biding his time for the fracture to heal sufficiently for the external fixator to be removed and intensive physio to commence, so he could get back out there. However, he was getting more frustrated as time passed.

He was not able to access all areas of the downstairs of his home, he had a hospital bed installed in his living room, which became his primary living and sleeping area. Whilst he could manage basic tasks in the kitchen, access to the downstairs toilet was not possible due to the configuration of the space and his limited mobility. Access upstairs was not at all possible as the steep staircase and his positioning of the leg made the use of a stairlift impractical. As a result, he was unable to access his bedroom or bathroom, and significantly, was unable to attend to his daughter during the night if needed. He was having to wash at the kitchen sink, and use a commode and urinal bottle in his kitchen/lounge/diner to meet his toileting needs.

He had accessed psychological support but did not find it at all useful as he reported that it was all about getting out of the house and having that autonomy.

The case manager, Katie, noted that he was becoming gloomier about the pace of his progress. His increasing sense of frustration and diminished emotional well-being were closely linked to his restricted independence and limited access to essential areas within his home and his community. Katie focused her attention on addressing the environmental barriers that were contributing to his loss of autonomy and dignity. She

arranged a review of the home environment including the existing washing arrangements and the challenges with wheelchair navigation and improved external access – that would enable him to regain a greater degree of privacy, independence, dignity and the ability to engage with the outdoors.

His employer expressed a commitment to supporting his recovery and told him that they were holding his job open for him and he was desperate to get back to work. This reassurance was vital motivation for him however it was a very physical job in the steel work industry so a well-coordinated gradual return-to-work journey will be essential. He is now starting to mobilise and weight bare, and the thought of returning to work is a powerful motivation for him.

The adaptations allowed improved access within the home and the wider community to give him a better standard of living and a level of independence was the biggest motivator and inspiration for him. He has been loaned an electric wheelchair, and was able to use that to go out with his daughter to the local shop, to get some goodies rather than relying on others to do it for him.

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

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“I am naturally a problem solver and I rarely give up...if there is something that someone really wants to do, I try to go the extra mile to find out how that can be made possible. I like to work out what's important to a person – it doesn't need to be expensive or complex things; it may be really small things like stepping outside the four walls of your house and feeling the sunlight on your face. I am a creative person and this case called upon all of these creative skills. Giving the client a little bit of freedom with the access ramp so he could get in and out of his house meant that he can now get a loaf of bread on his own and have social interactions when doing so. He's not too bothered by how he looks in his wheelchair, he will laugh it off so this simple thing has given him so much freedom and made such a difference to his sense of wellbeing.”

“The client is honestly delighted with the ramp and the freedom it has given him, so I am so grateful that you went ahead with this (despite the delays with funding agreement!) It's really made a difference to his life and current situation, so thank you.”

**- Claimant Solicitor**

# Conclusion

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The key to the success of this rehab journey was Katie investing the time to establish a good working relationship with the client. She listened and acknowledged when he would scroll through images of all the things he'd like to be doing and the life that he said he thought that he'd lost, they maintained a professional relationship but Katie would demonstrate empathy and they developed a strong rapport. The focus of the case management involvement was to concentrate on what he could do to move forward in a timely way, to think about what he wanted to do ultimately but to remind him that there are steps to the process.

Close working relationship with the multi-disciplinary team (MDT) were also key to the success of the process. It was so useful to have direct communication systems in place to inform the therapists of progress, the approach to take and all involved were able to understand where the others were aiming for and to ensure that the goals were aligned, complimentary and that the client is at the centre of all of that.

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

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