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Psychological Services  
General Site – Regional Rehabilitation Centre  
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September 12, 2013

Psychologist

A Unsal, Ph D , C Psych

Psychometrists

E Pastirk, B A  
T Cebal, M A

EXHIBIT A TO THE AFFIDAVIT  
OF Allen J. Wynperle SWORN  
ON September 22, 2021.

Neuropsychological Assessment

<b>Name:</b>	Suzanne YOUNG
<b>ID#:</b>	1109244
<b>Date of Birth:</b>	October 11, 1964
<b>Date of Assessment:</b>	August 13, 2013
<b>Age at Testing:</b>	48 years
<b>Education:</b>	Business Administration Diploma + Some University Courses
<b>Occupation:</b>	Unemployed (Formerly in Human Resources)
<b>Referred By:</b>	Dr Rathbone, Neurologist
<b>Examined By:</b>	Ayse Unsal, Ph D , C Psych & Ellen Pastirk, B A

  
Candia Malcolm (Sep 22, 2021 12:24 EDT)  
COMMISSIONER ETC.

Patient Account # GF00400/13

Background

Reason for Referral

Ms Young was referred for a neuropsychological assessment to determine her neurocognitive and emotional profile in light of reported cognitive difficulties and mood changes after surgery in November 2012

Consent

Ms Suzanne Young consented to undertake a neuropsychological examination to respond to Dr Rathbone's referral question. The content and process of a neuropsychological examination were discussed briefly, namely the administration of a clinical interview, standardized psychological and neuropsychological tests (listed in Appendix A), and review of background documentation (listed in Appendix B). The flow of information was also discussed: the report summarizing the results to be placed on the hospital medical chart, and copies to those identified at the end of the report with the information otherwise remaining confidential and requiring a signed consent for release. Limits of confidentiality were also discussed, in particular the requirement to inform if it is judged that there may be a significant likelihood of harm to themselves or another person, and the requirement for the psychologist to comply with any court orders.

Affiliated with the Faculty of Health Sciences, McMaster University

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Suzanne YOUNG  
ID # 1109244  
Date September 12, 2013  
Patient Account # GF004030/13

### History of Presenting Problem

According to Dr Rathbone's Consultation Note (March 21, 2013), Ms Young reportedly had severe headache, dizziness, nausea with vomiting and a big contusion over her right occipital region following a total abdominal hysterectomy on November 26, 2012. Later, she developed blurred vision (for which she is under the care of Dr Rodriguez), photophobia, sensitivity to high pitched sounds and smells, short term memory and concentration difficulties, sleep problems, fatigue and mood changes. These symptoms did not reportedly show improvement over time. She reported that her headache is constant, sharp, around the entire top of the head, to the neck and behind the eyes, affected by weather changes and humidity, bright light and emotional state and is associated with nausea. Results of an MRI (February 12, 2013) were reported to be unremarkable. Ms Young was seen by Dr Robertson, neurologist and he reportedly indicated uncompensated right vestibulopathy and although he referred her for therapy sessions, she has limited financial resources. A neurological examination completed on May 13, 2013 was reportedly within normal limits except for bilateral greater and lesser occipital neuralgia. Dr Rathbone reported her multiple symptoms to be similar to Post-Concussion Syndrome.

Currently, Ms Young reports that she becomes easily agitated (for which she tries to meditate to decrease anxiety), irritable (particularly in situations where there is a lot of noise or bright lights) and she has problems with concentration. There are times where she experiences racing thoughts. Previously an avid reader, Ms Young is having vision problems that impede her. Ms Young reports waking up with panic attacks, nightmares and that she tends to toss and turn throughout the night. She is reportedly always tired.

### Psychiatric History

Ms Young indicated that she had been abused as a child, however, she preferred not to elaborate. She has not undergone psychotherapy.

### Medical History

In addition to the above, Ms Young is hypoglycemic and has diagnoses of hiatus hernia and bronchial asthma. Her hysterectomy in November 2012 was reportedly performed as a result of a discovery of Stage 1 cancer. There is a family history of Crohn's disease and colitis (mother), cancer (both sides) and heart disease (father).

Current medications include Ventolin (qid), Flovent (250 mg/bid), Soflax (2 tablets/bid), Tecta (bid), Cymbalta (30 mg/od), Dilaudid (prn) and Prochlorperazine (tid for nausea).

### Psychosocial History

Ms Young is preparing to move in with her and her daughter's fiancé in November. She completed a two-year Business Administration Diploma at college and has taken some university courses. She was working in Human Resources, however, she was laid off due to company restructuring in May 2012. Ms Young's vocational history also includes private investigation for eight years in the 1980s and she was a singer in a band. Ms Young plays games on the computer (e.g. cribbage, chess and other puzzle-type activities), sometimes online with others. Although she has never reportedly had hobbies, she used to enjoy playing

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pool in a league, however, balance difficulties interfere with her ability to engage in it currently. Until recently, Ms. Young supported herself with U.I. benefits, and she has been looking for a job.

## TEST RESULTS

### Behavioural Observations

Ms. Young presented to her appointment promptly and unaccompanied. She had driven herself to the clinic. Unfortunately, due to a variety of administrative errors, she was left in the waiting room for one hour and was understandably very upset as a result. She indicated that her initial anxiety and nervousness became escalated as she waited, and she tended to respond to questions or conversation in an abrupt manner initially. Over time, she became more at ease, jovial and personable. Ms. Young used a cane when walking. During testing, Ms. Young intermittently used one of the two pairs of glasses (prescription and readers) she had brought with her. She was asked to confirm she could see stimulus items that were presented visually. Ms. Young rated her headache to be six (on a ten-point scale of increasing intensity).

### Sensory-Perceptual and Motor Skills

Ms. Young is right handed. Simple motor speed fell in the high average range bilaterally. Fine motor dexterity and grip strength were average bilaterally. There was not consistent expected right hand advantage.

Ms. Young made no errors on bilateral tactile stimulation. Her performance was in the impaired range on bilateral visual and auditory stimulation, with errors lateralized entirely to the left. She was able to correctly identify stimuli at eye level, however, she was unable to identify stimuli below eye level or consistently above eye level.

### Attention, Concentration and Processing Speed

Ms. Young's ability to attend to basic auditory information fell in the Low Average range (21<sup>st</sup> percentile). Her performance on a sub-test requiring her to complete mental arithmetic calculations was better (50<sup>th</sup> percentile) than on one where she repeated or manipulated digit strings (9<sup>th</sup> percentile). Ms. Young's ability to attend to and work with visual information (i.e. block tapping) was Average (50<sup>th</sup> percentile).

On visuomotor tests designed to tap processing speed, Ms. Young's performance was slowed (4<sup>th</sup> percentile). On another test, where she was required to quickly connect numeric information, her score fell in the average range.

### Intellectual Functioning

Ms. Young's overall intellectual function fell in the low Average range (13<sup>th</sup> percentile) compared with her age-matched Canadian peers. There was a significant discrepancy between her overall well learned verbal abilities and those more visuo-perceptual in nature. A discrepancy of the measured difference occurs in 18.3% of the general population, however, and is therefore not an overly uncommon occurrence.

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Verbal Functioning

Ms Young's overall well learned verbal abilities fell in the Low Average range (16<sup>th</sup> percentile) A relative weakness was verbal abstract reasoning, which fell in the *Borderline range* (2<sup>nd</sup> percentile) Expressive vocabulary and fund of information scores were Average (25<sup>th</sup> to 50<sup>th</sup> percentile)

Verbal fluency, or the ability to quickly generate unique words according to a beginning letter fell in the low average range When the cue was a category, her score was average

Visual Spatial/Visual Motor Functioning

Ms Young's overall visuooperceptual reasoning fell in the Average range (45<sup>th</sup> percentile) Her ability to complete patterns and quickly replicate block designs and analyze puzzles and their components was Average (37<sup>th</sup> to 50<sup>th</sup> percentile)

Ms Young's ability to copy a complex figure was average Her approach to the task was organized and sequential

Memory and Learning

Ms Young's ability to incidentally recall and draw a complex figure she had copied thirty minutes earlier was average

When information was presented verbally, Ms Young demonstrated an adequate ability to learn a list of words (average) She had difficulty encoding them for later recall (*borderline range*) Additional structure was not helpful When information was contextual in nature, that is, where she was required to re-tell short stories she had heard one time, Ms Young's immediate and delayed recall scores fell in the High Average range (84<sup>th</sup> percentile)

Integrative Cognitive Functions

On a challenging test requiring an individual to adjust her strategy in light of changing external contingencies, Ms. Young completed all of the required categories with an average number of errors

On a timed visuomotor test requiring her to quickly shift cognitive set between alternating types of well known stimuli, Ms Young's score fell in the average range

EMOTIONAL FUNCTION

Ms Young's responses on screening measures of mood (Beck Depression Inventory - II and Beck Anxiety Inventory) were suggestive of mild difficulties (e.g. loss of confidence and ability to concentrate and an inability to relax, dizziness and heart pounding) When compared with others with chronic pain, she reports an average level of impact on her life

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In terms of everyday function, Ms Young reports mild difficulty with working memory (e.g. problems with multi-tasking) and more problems with apathy (e.g. getting started on an activity) and executive function (e.g. getting stuck on certain ideas, mixing up sequences) than she did prior to her surgery

**SUMMARY OF TEST RESULTS**

**RELATIVE STRENGTHS**

- (1) Visuo-perceptual Reasoning (Average)
- (2) Incidental Visual Memory (Average)
- (3) Executive Function -- Novel Problem Solving & Complex Attention (Average)

**RELATIVE WEAKNESSES**

- (1) Variable Attention (Affecting Processing Speed Score Ranging from Borderline to Average)
- (2) Verbal Abstract Reasoning (Borderline)
- (3) Visual Perception on Bilateral Stimulation (Left Sided Errors Made Above and Below Eye Level)

**SUMMARY AND CONCLUSIONS**

Ms Young had a total abdominal hysterectomy on November 26, 2012 and reportedly had a severe headache, dizziness, nausea with vomiting and a big contusion over her right occipital region when she woke up from surgery. Later, she developed blurred vision (for which she is under the care of Dr. Rodriguez), photophobia, sensitivity to high pitched sounds and smells, short term memory and concentration difficulties, sleep problems (including nightmares and panic attacks), fatigue, mood changes (e.g. agitation, racing thoughts) and a constant headache. Results of an MRI (February 12, 2013) were reported to be unremarkable. Ms Young was seen by Dr. Robertson, neurologist and he reportedly indicated uncompensated right vestibulopathy and although he referred her for therapy sessions, she has limited financial resources. A neurological examination completed on May 13, 2013 was reportedly within normal limits except for bilateral greater and lesser occipital neuralgia. Dr. Rathbone reported her multiple symptoms to be similar to Post-Concussion Syndrome. Ms Young is in the process of looking for a job, having been supported until recently by Employment Insurance.

Ms Young demonstrated variability in her attention during testing, which could be secondary to headache (which she rated to be 6 on a 10-point scale during her testing appointment), chronic sleep problems and subsequent fatigue, or a combination of these factors, that seemed to affect processing speed and focus. Verbal abilities, including verbal list learning appear to be reduced. Self-report questionnaires revealed mild to moderate levels of anxious and depressive symptomatology. The profile, overall, is likely associated with post-concussion syndrome, with additional psychological factors and sleep difficulty impacting her performance.

It is our understanding that Ms Young has been referred to the Acquired Brain Injury Program (HHS) for Outreach Services and that she is followed in the Combined Neuro-Physiatry Clinic for management of headaches.

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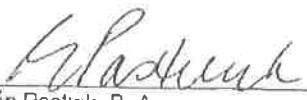
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Recommendations:

- 1 Referral to physiotherapy in the community (through the ABI Program) that could include vestibular therapy (further to Dr Robertson's recommendation), as she currently has financial limitations
- 2 Ms Young would benefit from an increase in structure in her day, to include physical exercise (provided it is not contraindicated by her family physician), socializing and continuation with playing games on the computer (for mental stimulation) A review of sleep hygiene and avoiding overstimulation before retiring in the evening is advisable
- 3 Relaxation training to assist with sleep and anxious rumination
- 4 At this time, Ms Young is not likely able to work competitively in a manner to support herself
- 5 Followup neuropsychological assessment in one year

These results and recommendations were communicated in a feedback session on September 11, 2013

Thank you for your referral. If you have any questions, do not hesitate to contact us in Psychology Services at (905) 521-2100, Ext 40983

  
Ejlén Pastrik, B A  
Psychometrst

  
Ayse Unsal, Ph D , C Psych  
Psychologist

- o Medical Records
- cc Dr Rathbone, Neurologist
- Dr Bruno DiPaolo, Family Physician
- ABI Program (S Bedard, CIC)
- Psychology File

Note: Raw data from tests are kept in files held by Psychology Services

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Appendix A – Tests Administered

Wechsler Adult Intelligence Scale - Fourth Edition (WAIS-IV)  
Wechsler Memory Scale – IV (WMS-IV) – Logical Memory  
Wechsler Memory Scale – III (WMS-III) – Spatial span  
Brief Visuospatial Memory Test – Revised (BVM-T-R) – Form 1  
California Verbal Learning Test – Second Edition (CVLT-II)  
Trail Making Tests (A & B)  
Verbal Fluency (FAS and Animal Naming)  
Rey Osterrieth Figure  
Finger Tapping Test  
Grooved Pegboard  
Wisconsin Card Sorting Test (WCST)  
Reitan-Klove Sensory Perceptual Examination

Self-Report Measures Completed by Ms. Young

Beck Anxiety Inventory  
Beck Depression Inventory-II  
Behavior Rating Inventory of Executive Function – Adult  
Pain Disability Inventory  
Frontal Systems Behavior Scale

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**Appendix B – Background Documentation**

Request for Consultation Note      Dr Rathbone – March 21, 2013

Consultation Reports                 Dr Rathbone – May 13, 2013 & March 21, 2013