

Post-COVID-19:

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No conflicts of interest

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Recovery, Rehabilitation, & Persistent COVID-19
Symptoms* April 20, 2021

Support for Disability, Programs, and Required Forms

*I acknowledge that I am privileged to live, work and
play within the ancestral, traditional and
unceded territory Secwepemculecw*

Thank you to:

Ric Arseneau MD FRCPC MA(Ed) MBA FACP CGP, Clinical Professor, Division of General Internal Medicine – contributed to the Disability Tax Credit section and specifics on Post-exertional Malaise, with input from colleagues: Dr. Chris Stewart-Paterson, and Vanessa Melle, RSW, BSW, MSW

Shelley Prytula Post-COVID-19 Recovery Clinic Social Worker – contributed to strategies for success with the PWD-BC application process. Also, Cecila Aruda, Introduction to Persons with Disabilities Benefits, February 2021.

And the ECHO HUB committee:

Raveena Garcha Project Leader, Virtual Health & Shared Care

Jaclyn Robinson Clinical Nurse Specialist, Post-COVID Interdisciplinary Clinical Care Network

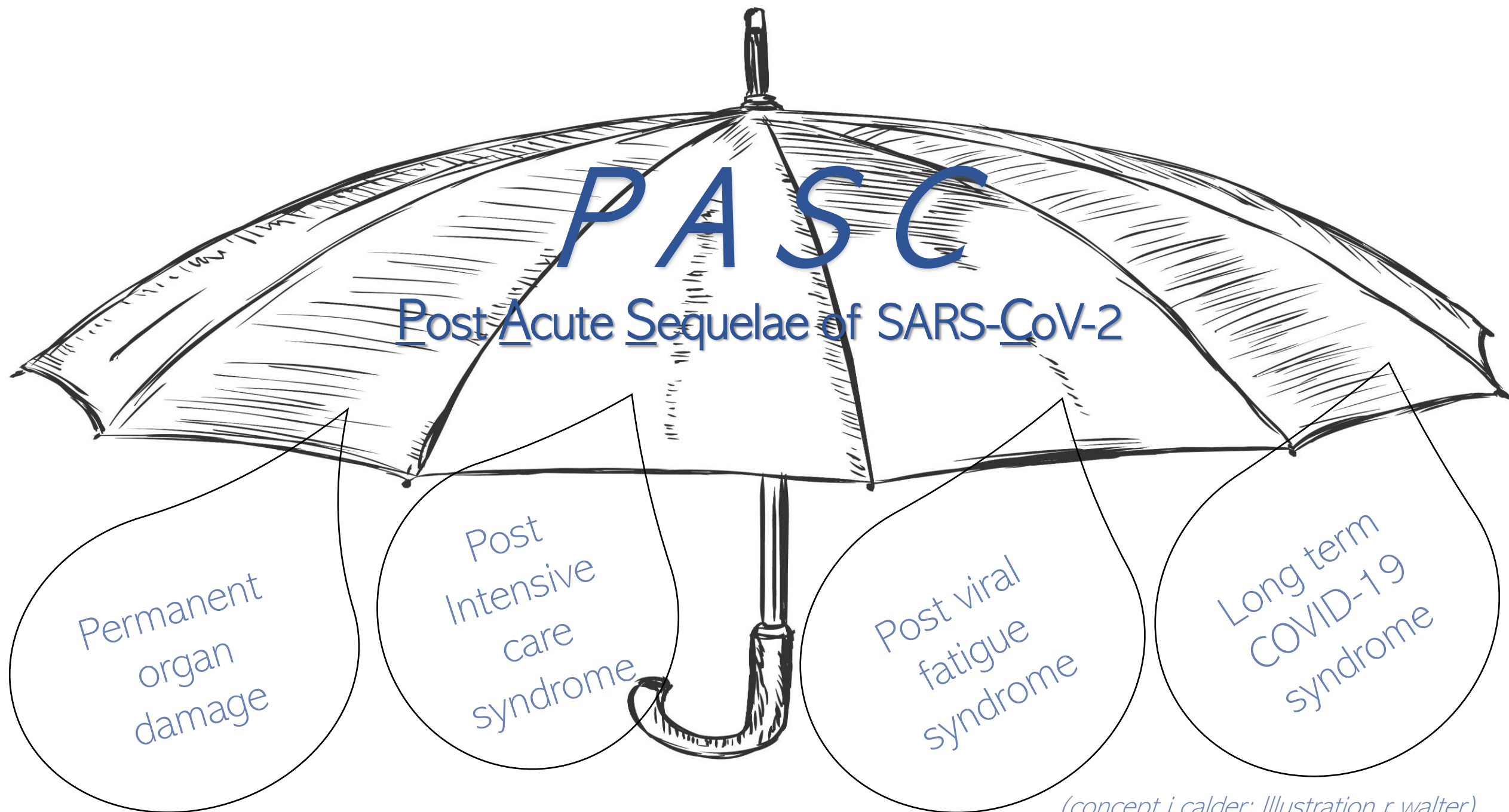
Michelle Malbeuf Lead, Post-COVID Interdisciplinary Clinical Care Network

Learning objectives

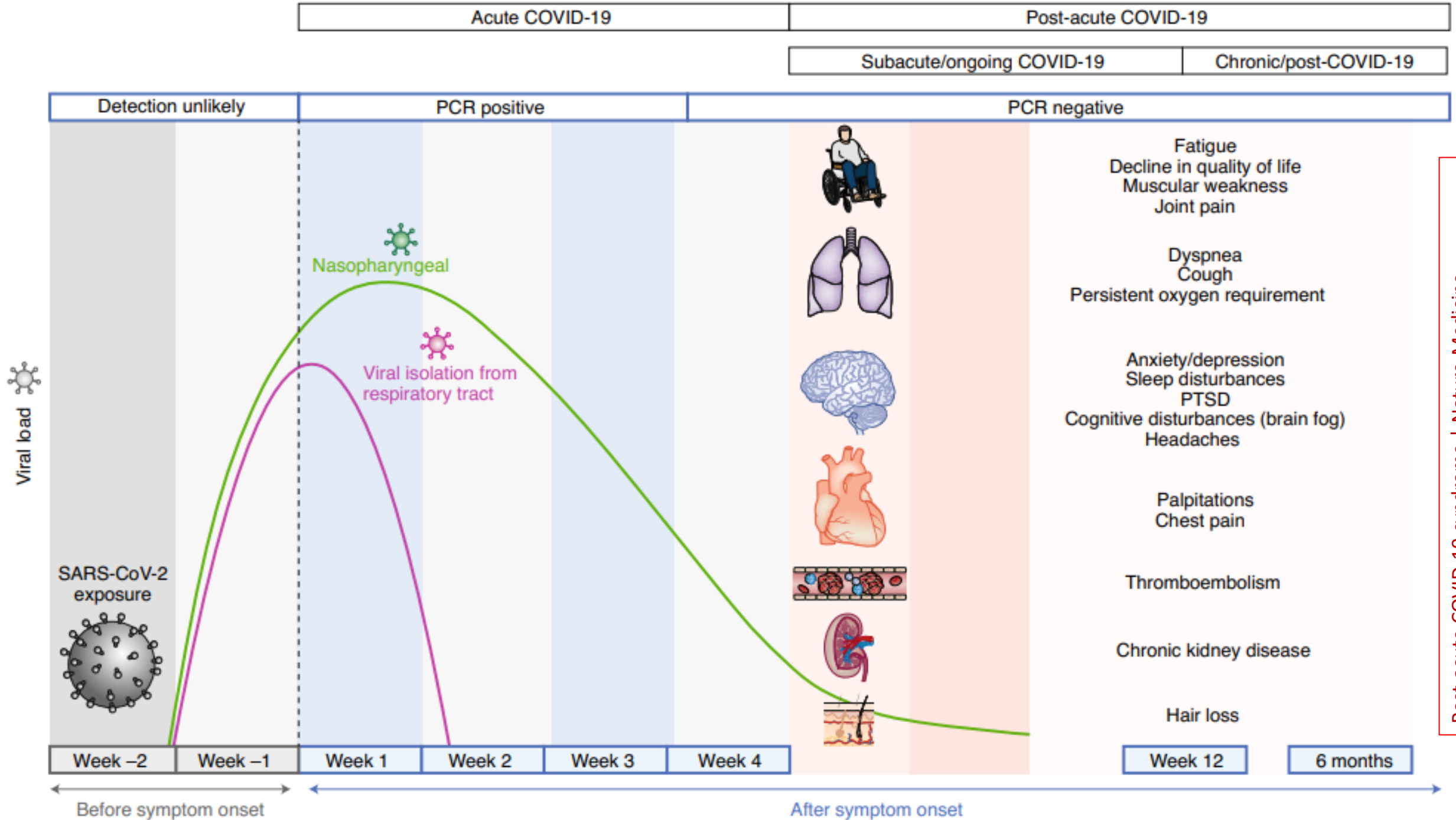
1. The learner will become familiar with residual symptoms patients describe that affect their function.
2. The learner will have an efficient way to document functional impacts.
3. The learner will know how to approach disability terms, documentation, forms, and systems of support for the patient.
4. The learner will better understand specific requirements of systems of supports such as WCB, CPP-D, PWD-BC, mortgage insurance, and other third-party payors.



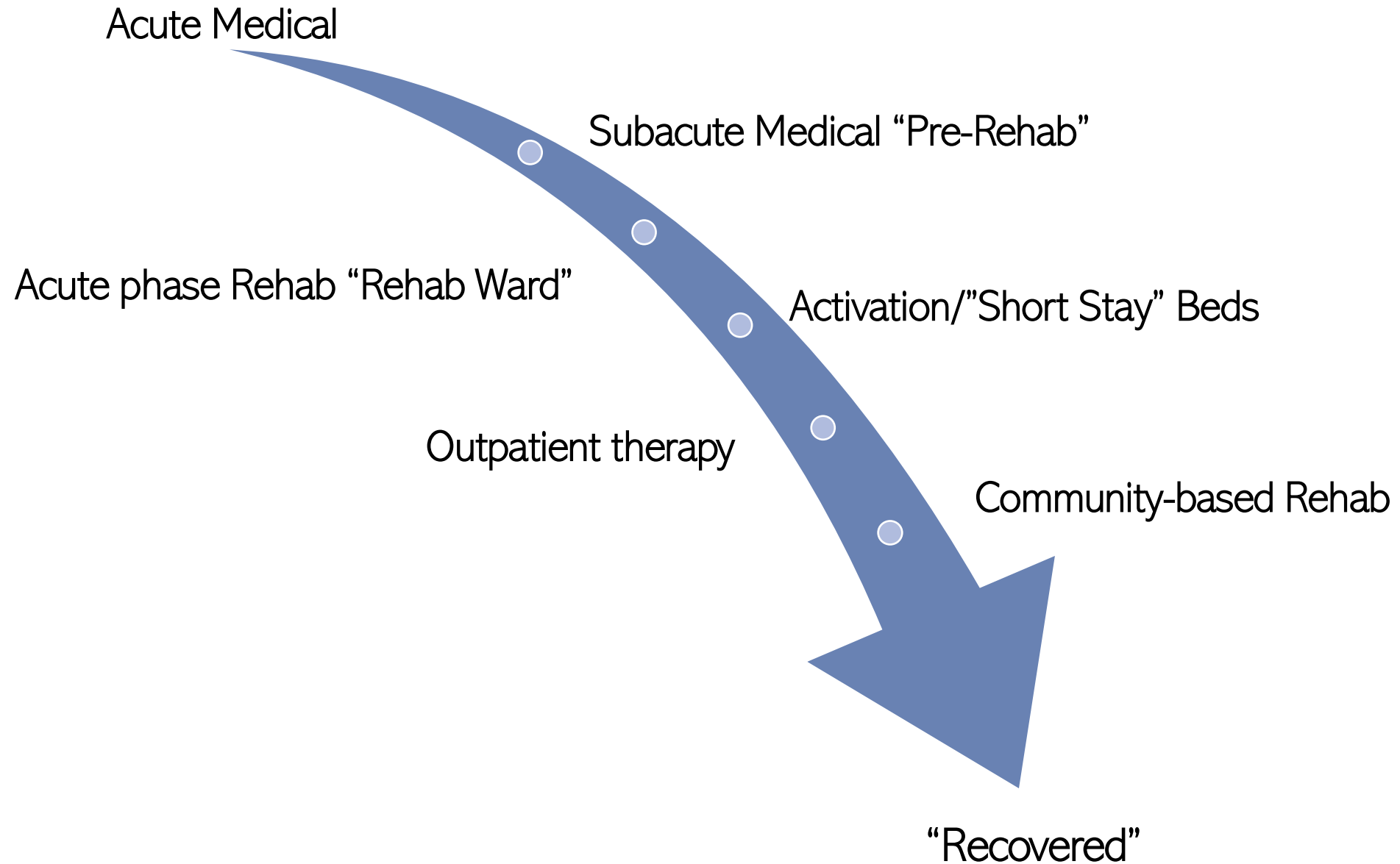
To All My Patients



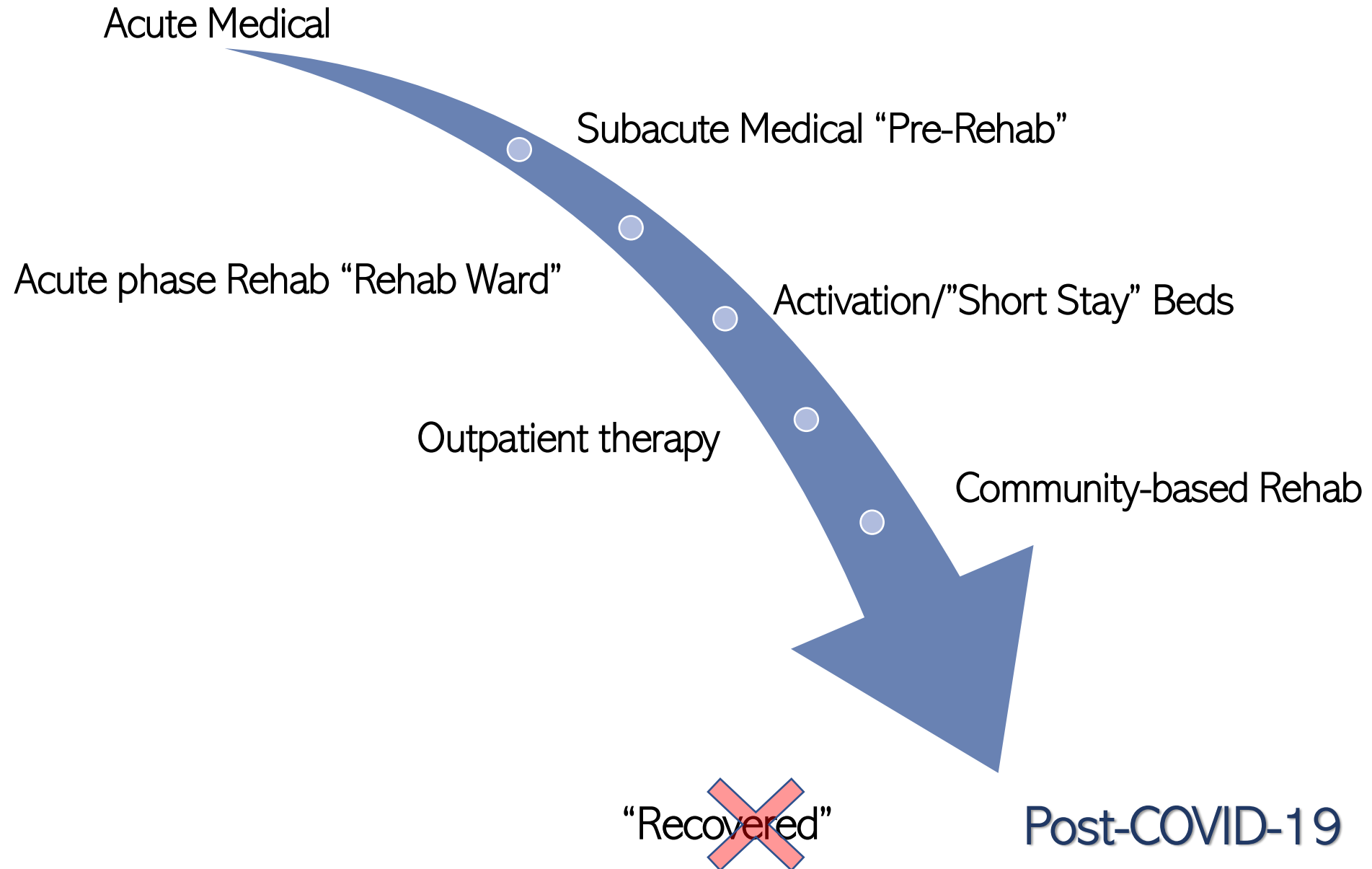
(concept j calder; Illustration r walter)



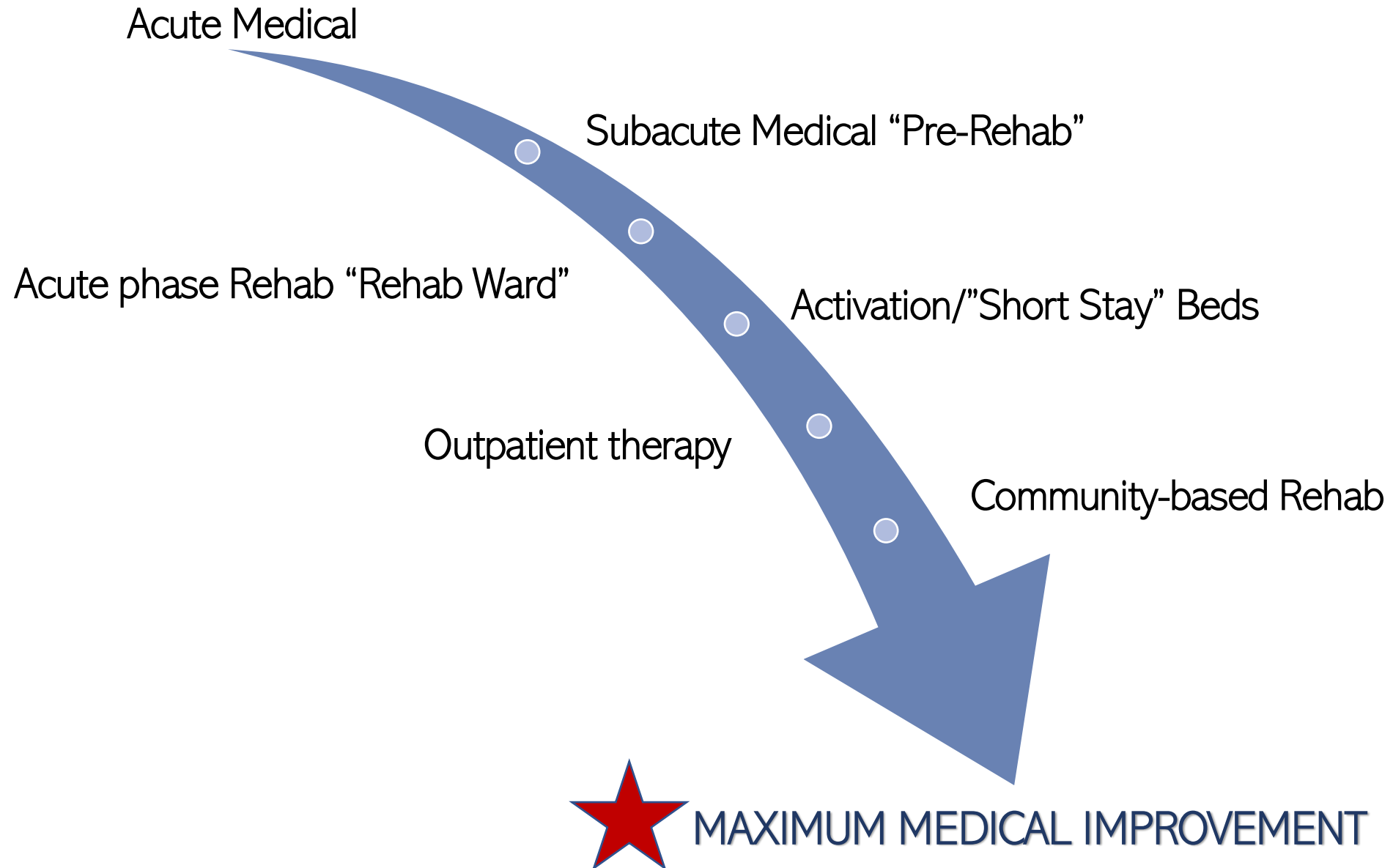
Typical Rehabilitation Services access and flow:



Typical Rehabilitation Services access and flow:



Typical Rehabilitation Services access and flow:



0 – 4 weeks	4 – 12 weeks	12 – 24 weeks	> 6 months	> 18 months	Persistent Permanent?
Acute	Post Acute	Sub-Acute COVID Post-COVID PASC	Post-COVID/PASC	Outer range of PASC . . . Terminology evolving	Not yet known if permanent sx.
Acute medical coverage unusual – but some private policies start at 4 weeks:	Acute and post acute medical coverage is common = usually patient must apply at 4 weeks and wait. “Short Term Disability”		Some payors are transition from short to long term disability at 6, 12 or 24 months. “Long Term Disability”		
Specific Third Party Payors: Manulife SunLife Blue Cross Great West Life			WorkSafe BC	Disability Tax Credit	WorkSafeBC – Five gradations of work return. Canada Pension Plan-Disability(CPP-D) Persons with Disability (PWD-BC) Very few payors have “pensions”

RETRACING THE PASC LITERATURE

Jan 16, 2021 n=1733

6 month follow-up.

- 76% had one persistent symptom
- 63% fatigue or muscle weakness
- 26% sleep disturbance
- 27% pain and discomfort
- 23% depression/anxiety
- 22% hair loss
- 11% smell disorder
- 7% mobility impaired
- 2% activity limited
- 1% impaired in very basic ADLs

Stratified by high acute severity

- 3 times more likely to endure muscle weakness/fatigue
- 2 times more likely to suffer depression or anxiety.

Huang, C., et al. (2021). 6-month consequences of COVID-19 in patients discharged from hospital: a cohort study. *The Lancet*, 397(10270), 220-232. doi:10.1016/S0140-6736(20)32656-8

Assessing symptoms: “review of systems” = a great place to start

ROS	PASC sx reported
Vision	- 0 -
Hearing	Tinnitus. Ear “fullness”.
Smell	Anosmia
Taste/oral intake	Agustia
Respiratory fn	SOB, PND, O, O2 dependence.
Cardio fn	SOBOE, Chest pain, tachycardia, hypotension, POTS.
GI fn	Abdominal pain, GI upset, poor appetite.
GU fn	- 0 -
Neuro	Pain, numbness, weakness, imbalance, postural instability.
MSK	Muscle fatigue, pain, deconditioning.
Cognition	Brain fog: reduced attention, memory, confusion, cognitive fatigue.
Affect & Mood	Anxiety, Depression, Distress.

Key terms and concepts in “Disability”



	<u>“MODERN” TERMS</u>	<u>WHO 1997</u>	<u>WHO 1980</u>
<u>PATIENT LEVEL</u>	Symptoms		
<u>DISEASE LEVEL</u>	Impairment	Impairment	Impairment
<u>HUMAN LEVEL</u>	Limitation	Activity Limitation	Disability
<u>SOCIAL LEVEL</u>	Restriction	Participation Restriction	Handicap

Assessing how symptoms affect function?

Ask about “A day in your life”

Start them supine in bed and ask questions for the day's usual requirements

- Bed mobility
- Transfers bed to standing, chair, toilet
- Ambulation
- Shower/bath/peri-care
- Devices used
- Meal prep
- Shopping for that food
- House work and cleanup . . .

“ADLs”

More in your routine day?

- Bills, Finances, Banking
- Work
- Transportation
- Driving
- After work – play, recreation?
- Social connections
- Social supports

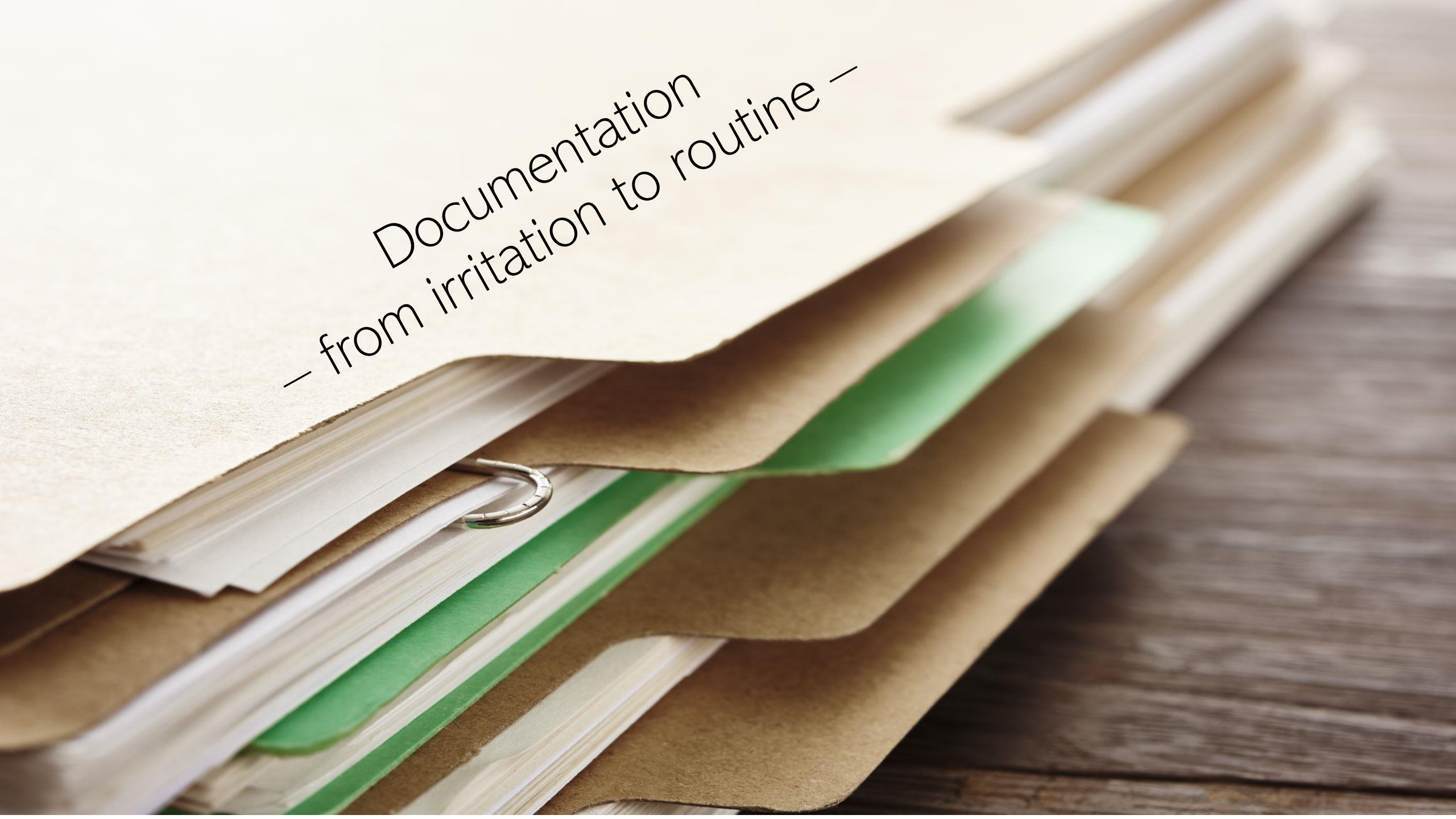
“IADLS”

- Bills, Finances, Banking
- Work
- Transportation
- Driving
- After work – play, recreation?
- Social connections
- Social supports

Note – Many third party payors lump Activities of Daily Living and Instrumental Activities of Daily Living all together under ADLs or a more generic “Global Functioning”

PASC sx	Screens, Tests
Tinnitus. Ear fullness.	+/- ENT consult
Anosmia	+/- ENT. Dietician.
Aguestia	Weights. Dietician review.
SOB, PND, O, O2 dependence	PFTs, CXR, CT chest
SOBOE, Chest pain, tachycardia, hypotension	Stress test, ECG, Echo, BP postural drop
Abdominal pain, GI upset, poor appetite	Nutritional profile, FIT
Pain, numbness, weakness, imbalance, postural instability	Neuro exam
Muscle fatigue, pain, deconditioning	MMT, ROM, PEM (screen through functional hx) TUG Step length Timed walk Delayed report back.
Brain fog: reduced attention, memory, confusion, cognitive fatigue	MME MOCA Basic ADL and iADLs questionnaire.
Anxiety, Depression, Distress	Beck. PTSD Screen (Harvard series).

Documentation
— from irritation to routine —



Documentation – from irritation to routine

Absentee letters

PWD BC

The Disability Tax Credit
(T2201)

CPP-D

WorkSafeBC

Mortgage and deferrals

The Medical/legal report

Be objective Be humble Be clear

Be evidence-based

References (if you are keen, use for CME)

Don't own the patient – avoid “sides”

Don't refer for unnecessary tests or programs

Say what you can say

Say what you can't say

Say what can't be said by you or anyone
– state of our current knowledge.

Keep an EMR copy – for repeated requests for the same information.

Can't do them all . . .

Absentee letters

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Next – an example of a Manulife form

Case: 29 year old female

29 year old City accountant

Despite doing everything right for Christmas 2020, became unwell with COVID Dec 26, 2020.

Swab +ve.

4 ER trips January 2021 fever, sweats, cough, chest pain, SOB, POTS-like sx, severe anxiety, hypervigilance, insomnia, fatigue, muscle pain, headaches, and severe cognitive dysfunction.





March 12, 2021

Absence Management Solutions
P.O. Box 800, St. Waterloo
Waterloo, ON N2J 4C2

Re:



Dear Dr. Calder:

Your patient's employer has acquired the Integrated Absence Solutions Services of Manulife Financial to assist with their employees who are absent from work or require on-going modification to their usual job duties. The primary goal of our service is to provide a safe and timely return to work for ill or injured employees.

In order to have a better understanding of your patient's current medical status, please provide us with:

- ***copies of your clinical notes from November 2020 to present***
- ***hospital discharge report, from recent admission***
- ***test results and consultation reports from November 2020 to present***

- Please outline your patient's current symptoms, level of severity and frequency.

Long/persistent COVID-19 symptoms of:
Severe fatigue, chest pain, muscle pain,
POTS (Postural hypotension tachycardia syndrome),
Cognitive impairments, Headache.

- Please outline your patient's current functional limitations and restrictions.

Short tolerance for any activities never
basic ADLs fatigue her. Cognitive blunting,
instructed to refrain from major life and
financial decisions to pace and rest. Blood
pressure/tachycardia episodes require med-
ication support.

- Please provide details your patient's current treatment plan.

POTS-Medications: Flonid, Propranolol
Anxiety & Mood support: Bupropion;
we may return to Sertraline depending on
response.

Chronic Fatigue strategies: Pacing, Scheduling,
Pacing & rests, Graduated activation
Cognitive strategies: attention support
Learning strategies, pacing & resting. Graded
cognitive challenges.

- If your patient's condition has not resolved, please outline details regarding your next steps for treatment planning (i.e. further tests/investigations to be completed, referrals to specialists, new medications and dosages, etc).

Ongoing followup with specialists in Cardiology, Internal Medicine, Rehab Medicine. Repeat COVID-19 testing for viral clearance.

Biggest treatment known for this condition which is novel and still incompletely understood is TIME. Rest and recovery is necessary at this early stage.

- What return to work plans have you discussed with your patient?

I suggested we keep her in the home-based rehab program for at least 1-2 more months and graduate back to work in a very slow prescribed fashion. Return to work might start at 1/4 day increments depending on symptom and recovery from each trial.

DR JILL CAIDER

Printed Name

J. Caider
MOTRCH

Signature

2021-03-12

Date

Case Manager
Manulife Financial
Tele: (877) 277-5297 ext 274159
Fax: (877) 329-4431

References for post-COVID-19 are evolving rapidly. A good current state of the literature is attached. COVID-19: Long Lasting Health Effects Among Survivors. OrthoEvidence January 25, 2021.

https://myorthoEvidence.com/Blog/Show/112?vgo_ee=SWNrTM9iqyT94gA9wscNgg%0D%03D

Can't do them all . . .

Absentee letters

PWD BC

The Disability Tax Credit
(T2201)

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Next – an overview on PWD-BC and the doctor's/NP section of the form

Persons with Disabilities (PWD-BC) Qualifications

A resident of BC who is a Canadian citizen or permanent resident

18 years of age or older

A serious physical or mental health disability expected to ***last 2 years or more***

Significant restrictions performing daily life activities

Require ongoing help from another person, assistive device or assistance animal

Meet an income and asset test

In addition to support for shelter and basic needs, PWD also covers:

- MSP Coverage
- Extended Medical Therapy
- Fair Pharmacare
- Diet Supplements
- Nutritional Supplements
- Dental Coverage
- Glasses q y 3 years
- Eye exams q 2 years
- Certain medical supplies
- Certain medical equipment and devices
- Medical Transportation
- Public transportation
- Alcohol and Drug Treatment Counselling

PWD Application

Section 1 – Applicant Information Optional section but can be very powerful. Patients often need help with their self report in an essay format, especially those with brain fog or ESL. Also good for the physician to read the patient's own words and experience. Stick to symptoms – not an essay of why they can't do their job.

Section 2 –

Section 3 –

PERSONS WITH DISABILITIES
DESIGNATION APPLICATION
INTRODUCTION

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the *Information and Protection of Privacy Act*. If you have any questions about the collection, use or disclosure of this information, please contact the Employment and Assistance Centre.

The purpose of this form is to collect the information necessary to determine eligibility for designation under the *Employment and Assistance for Persons with Disabilities Act*.

This Application has three Sections:

Section 1: **Applicant Information** (for completion by the Applicant) - The term "Applicant" in this application has the same meaning as "Person with a disability" in the *Employment and Assistance for Persons with Disabilities Act*.

Section 2: **Physician Report** (for completion by the Applicant's Physician) - The term "Physician" in this application has the same meaning as "Medical Practitioner" in the *Employment and Assistance for Persons with Disabilities Act*.

Section 3: **Assessor Report** (for completion by a prescribed professional)

PLEASE DO NOT TAKE THIS BOOKLET FORM APART - PLEASE KEEP IT TOGETHER

Instructions for completion

1. The above sections of the Application Form need to be completed in the order indicated.
2. The Applicant is to complete Section 1, Applicant Information, sign the Declaration and take the form to his/her physician for completion of the Physician Report.
3. The Applicant's Physician is to complete Section 2, Physician Report, and return the form to the Applicant.
4. The Applicant will then take the form to a Prescribed Professional (as defined in the *Employment and Assistance for Persons with Disabilities Act*) for completion of Section 3, Assessor Report.
5. The Prescribed Professional is to complete Section 3, Assessor Report, and return the form to the Applicant.
6. Applicant - please review the checklist at the end of this booklet to ensure that all required information is provided.
7. The Applicant will then mail the application to the Health Assistance Branch, Ministry of Social Development and Social Innovation using the enclosed self-addressed envelope.

Office Use Only

The following **must** be signed in order for the application to be processed

The Applicant intends to apply for disability assistance and may meet the financial requirements for Disability Assistance under the *Employment and Assistance for Persons with Disabilities (PWD) Act*.

Ministry Signing Authority (Print Name)	Signature
Employment and Assistance Centre Stamp	Date Signed (YYYY MMM DD)

PERSONS WITH DISABILITIES
DESIGNATION APPLICATION
SECTION 1
APPLICANT INFORMATION

You may have someone help you complete this Section of the Application.

Important Note: You **MUST** sign the "Declaration" on page 5 of this form in order for your application to be processed.

A - PERSONAL INFORMATION

Last Name	First Name	Middle Name	Date of Birth (YYYY MMM DD)
Personal Health Number		Social Insurance Number (optional)	Telephone Number
Street Address		City	Postal Code

Do you need help completing this application?

☐ Yes ☐ No If yes, what help do you need?

B - DISABLING CONDITION

This section provides you with an opportunity to describe your disability and the impact it has on your life. You are not required to complete this section. If you do not complete this Section, your application will be considered based on information provided in the Physician and Assessor Sections of this Application.

☐ I choose not to complete this self-report. (Please proceed to Declaration on page 5)

Note - If more space is required, you may attach additional pages.

1. Please describe your disability.

PWD Application

Section 1 – Applicant Information Optional section but can be very powerful. Patients often need help with their self report in an essay format, especially those with brain fog or ESL. Also good for the physician to read the patient's own words and experience. Stick to symptoms – not an essay of why they can't do their job.

Section 2 – Medical Report A Physician/NP familiar with the patient and COVID-19 is required for this Section. Not long, succinct codes and short description. Functional assessments should be close to the next section's descriptors.

Section 3 –

Section 2 – KEY POINTS/PHRASES for the Physician/Nurse Practitioner

Inclusion criteria:

Severity of medical condition(s)

Perseverance lasting 2 years or more without treatment

Significant Restrictions in performance of activities of daily living

Assistance needs a person or a device

The ongoing symptoms “are a result of severe and persistent impairments” and “function is markedly restricted as a direct result of these impairments”.

"Despite ongoing treatments the impairments will not likely resolve within *two years*." These impairments are *chronic, pervasive and severe*."

Ministry of Social Development and Poverty Reduction (MSDPR) seems to have a severity defined as *3 times slower* than is normal.

F - ADDITIONAL COMMENTS

Please provide any additional information that you consider relevant to an understanding of the significance of the person's medical condition, the nature and extent of this person's impairment and the impact these have on his/her daily functioning. (e.g., hospitalization related to the impairment.)

G - FREQUENCY

How long has the App

Prior to today, how oft

☐ 0 ☐ Once

Comments:

H - CERTIFICATION

I, _____
Surgeons of British C

☐ I am a General

☐ I am a specialist

Medical Practitioner

This report (and att

Signature

Fax

SD2883(13/07/02)

E - DAILY LIVING ACTIVITIES

Note: If you are completing the Assessor Report, Section 3, in addition to this Physician Report, do not complete this page, (Part E)

Does the impairment directly restrict the person's ability to perform Daily Living Activities?

☐ Yes ☐ No ☐ Unknown

If yes, please complete the followi

Daily Living Activities

Personal self care

Meal preparation

Management of medications

Basic housework

Daily shopping

Mobility inside the home

Mobility outside the home

Use of transportation

Management of finances

Social functioning** - daily decision making; interacting, relating and communicating with others (this category only applies for persons with identified mental impairment or brain injury). If yes, please provide details

* If "Periodic", please explain:

** If Social Functioning is impacted

Please provide additional comment

What assistance does your patient use for equipment and assistance animals

¹ Continuous assistance - refers to need for assistance on a continuous basis
² Periodic assistance - refers to the need for assistance on a periodic or episodic nature of the impairment.

SD2883(13/07/02)

B - HEALTH HISTORY

1. Please indicate the severity of condition impair this person

C - DEGREE AND COURSE OF IMPAIRMENT

1. Is the impairment likely to continue for two years or more from today? ☐ Yes ☐ No
What is the estimated duration of the impairment and are there remedial treatments that may resolve or minimize the impairment?

Please explain:

D - FUNCTIONAL SKILLS

Note: For the purposes of questions #1 and #2, "unaided" means without the assistance of another person, assistive device or assistance animal

1. How far can this person walk unaided on a flat surface?

☐ 4+ blocks ☐ 1 to 2 blocks ☐ Unknown

☐ 2 to 4 blocks ☐ Less than 1 block ☐ Not at all

2. How many stairs can this person climb unaided?

☐ 5+ steps ☐ 2 to 5 steps ☐ None ☐ Unknown

3. What are the person's limitations in lifting?

☐ No limitations ☐ 2 to 7 kg (5 to 15 lbs) ☐ No lifting

☐ 7 to 16 kg (15 to 35 lbs) ☐ Under 2 kg (Under 5 lbs) ☐ Unknown

4. How long can this person remain seated?

☐ No limitation ☐ 1 to 2 hours ☐ Unknown

☐ 2 to 3 hours ☐ Less than 1 hour

5. Are there difficulties with communication other than a lack of fluency in English? ☐ Yes ☐ No

If yes, what is the cause: ☐ Cognitive ☐ Motor ☐ Sensory ☐ Other

Comments:

6. Are there any significant deficits with cognitive and emotional function? ☐ Yes ☐ No ☐ Unknown
If yes, check those areas where the deficits are evident and provide details below:

☐ Consciousness (orientation, confusion)

☐ Executive (planning, organizing, sequencing, calculations, judgement)

☐ Language (oral, auditory, written comprehension or expression)

☐ Memory (ability to learn and recall information)

☐ Perceptual psychomotor (visual spatial)

☐ Psychotic symptoms (delusions, hallucinations, thought disorders)

☐ Emotional disturbance (e.g. depression, anxiety)

☐ Motivation (loss of initiative or interest)

☐ Impulse control

☐ Motor activity (goal oriented activity, agitation, repetitive behaviour)

☐ Attention or sustained concentration

☐ Other (specify) _____

Comments:

TO BE COMPLETED BY THE APPLICANT'S PHYSICIAN ONLY**A - DIAGNOSES**

Specify diagnoses related to the Applicant's impairment using the diagnostic codes below.

"Impairment" is a loss or abnormality of psychological, anatomical or physiological structure or function causing a restriction in the ability to function independently, effectively, appropriately or for a reasonable duration. Please include additional information as required.

	Diagnostic Code	Specific Diagnosis (e.g. location of paralysis, type of respiratory or heart condition, type of hepatitis, etc.)	Date of onset, if known	
			Month	Year
1.				
2.				
3.				
4.				
5.				

Comments:

DIAGNOSTIC CODES**Infectious and parasitic diseases**

1.0 Other
1.1 HIV
1.2 AIDS
1.3 Hepatitis
1.4 Hepatitis C

Neoplasms

2.0 Neoplastic disorders - other
2.1 Lip, oral cavity & pharynx
2.2 Digestive organs & peritoneum
2.3 Respiratory & intrathoracic organs
2.4 Bone, connective tissue, skin and breast
2.5 Genitourinary organs
2.6 Leukemia

Endocrine, nutritional and metabolic diseases, and immunity disorders

3.0 Endocrine disorders - other
3.01 Immune disorders - other
3.02 Metabolic disorders - other
3.1 Thyroid disorders
3.2 Diabetes

Diseases of the blood and blood-forming organs

4.0 Other diseases of the blood
4.1 Anemia
4.2 Hemophillia

Mental disorders

5.0 Other mental (please specify)
5.1 Delirium, dementia & amnesic & other cognitive disorders
5.2 Schizophrenia & other Psychotic disorders
5.3 Mood disorders
5.4 Developmental disability
5.5 Anxiety disorders
5.6 Somatoform disorders
5.7 Personality disorders
5.8 Substance-related disorders
5.9 Pervasive developmental disorders
5.10 Eating disorders

Diseases of the nervous system & sense organs - Neurological

6.0 Neurological disorders - other
6.1 Epilepsy
6.3 Brain tumors
6.4 Parkinson's disease
6.5 Cerebral palsy
6.6 Paraplegia
6.7 Quadraplegia
6.9 Other paralysis
6.10 Myasthenia Gravis
6.11 Muscular dystrophy
6.12 ALS
6.13 Alzheimer's disease
6.14 Huntington's Chorea
6.15 Friedrich's Ataxia
6.16 Multiple sclerosis

Conditions of the nervous system & sense organs - Sensory

7.00 Sensory disorders - other
7.01 Blindness
7.02 Visually impaired
7.03 Deafness
7.04 Hearing impaired
7.05 Organic speech loss

Diseases of the circulatory system

8.0 Cardiovascular - other
8.1 Ischemic heart disease
8.2 Recurrent Arrhythmias
8.3 Valvular heart disease
8.4 Congenital heart disease
8.5 Cardiomyopathy
8.6 Chronic venous insufficiency
8.7 Peripheral arterial disease
8.8 Cerebral vascular accident

Diseases of the respiratory system

9.0 Respiratory disorders - other
9.1 Cystic fibrosis
9.2 COPD
9.3 Asthma
9.4 Emphysema

Diseases of the digestive system

10.0 Digestive disorders - other
10.1 Peptic ulcer
10.2 Chronic liver disease
10.3 Cirrhosis
10.4 Crohn's disease
10.5 Colitis

Diseases of the genitourinary system

11.0 Genitourinary disorders - other
11.1 Kidney disease

Diseases of the skin and subcutaneous tissue

12.0 Skin disorders - other
12.1 Psoriasis

Diseases of the musculoskeletal system and connective tissue

13.0 Musculoskeletal system - other
13.1 Lupus
13.2 Rheumatoid arthritis
13.3 Arthritis
13.4 Osteoporosis
13.5 Ankylosing spondylitis
13.6 Degenerative disc disease
13.7 Scoliosis
13.8 Fibromyalgia
13.9 Scleroderma

Congenital anomalies

14.0 Congenital anomalies - other
14.1 Chromosomal abnormalities
14.2 Fetal alcohol syndrome
14.3 Thalidomide syndrome
14.4 Spina Bifida

Injury and poisoning

15.0 Injury and poisoning - other
15.1 Traumatic brain injury
15.2 Amputations

Other conditions

16.0 Other
16.1 Chronic fatigue syndrome
16.2 Sleep apnea
16.3 Environmental sensitivities

Diagnostic Codes

Infectious and parasitic diseases

1.0 Other

- 1.1 HIV
- 1.2 AIDS
- 1.3 Hepatitis
- 1.4 Hepatitis C

ICD 9 078.89

Neoplasms

- 2.0 Neoplastic disorders - other
- 2.1 Lip, oral cavity & pharynx
- 2.2 Digestive organs & peritoneum
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- 2.4 Bone, connective tissue, skin and breast
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- 13.8 Fibromyalgia
- 13.9 Scleroderma

Congenital anomalies

- 14.0 Congenital anomalies - other
- 14.1 Chromosomal abnormalities
- 14.2 Fetal alcohol syndrome
- 14.3 Thalidomide syndrome
- 14.4 Spina Bifida

Injury and poisoning

- 15.0 Injury and poisoning - other
- 15.1 Traumatic brain injury
- 15.2 Amputations

Other conditions

16.0 Other

- 16.1 Chronic fatigue syndrome
- 16.2 Sleep apnea
- 16.3 Environmental sensitivities

Diagnostic Codes

Infectious and parasitic diseases

1.0 Other

- 1.1 HIV
- 1.2 AIDS
- 1.3 Hepatitis
- 1.4 Hepatitis C

Neoplasms

- 2.0 Neoplastic disorders - other
- 2.1 Lip, oral cavity & pharynx
- 2.2 Digestive organs & peritoneum
- 2.3 Respiratory & intrathoracic organs
- 2.4 Bone, connective tissue, skin and breast
- 2.5 Genitourinary organs
- 2.6 Leukemia

Endocrine, nutritional and metabolic diseases, and immunity disorders

- 3.0 Endocrine disorders - other
- 3.01 Immune disorders - other
- 3.02 Metabolic disorders - other
- 3.1 Thyroid disorders
- 3.2 Diabetes

Diseases of the blood and blood-forming organs

- 4.0 Other diseases of the blood
- 4.1 Anemia
- 4.2 Hemophillia

Mental disorders

5.0 Other mental (please specify)

- 5.1 Delirium, dementia & amnesic & other cognitive disorders
- 5.2 Schizophrenia & other psychotic disorders

5.3 Mood disorders

- 5.4 Developmental disability

5.5 Anxiety disorders

- 5.6 Somatoform disorders
- 5.7 Personality disorders
- 5.8 Substance related disorders
- 5.9 Pervasive developmental disorders
- 5.10 Eating disorders

Diseases of the nervous system & sense organs - Neurological

6.0 Neurological disorders - other

- 6.1 Epilepsy
- 6.3 Brain tumors
- 6.4 Parkinson's disease
- 6.5 Cerebral palsy
- 6.6 Paraplegia
- 6.7 Quadraplegia
- 6.9 Other paralysis
- 6.10 Myasthenia
- 6.11 Muscular dystrophy
- 6.12 ALS
- 6.13 Alzheimer's disease
- 6.14 Huntington's disease
- 6.15 Friedreich's ataxia
- 6.16 Multiple sclerosis

Conditions

7.00 Sensory

- 7.01 Blindness
- 7.02 Visual impairment
- 7.03 Deafness
- 7.04 Hearing impairment
- 7.05 Organ impairment

Diseases

8.0 Cardiovascular

- 8.1 Ischemic heart disease
- 8.2 Recurrent angina
- 8.3 Valvular disease
- 8.4 Congestive heart failure
- 8.5 Cardiac arrhythmias
- 8.6 Chronic heart failure
- 8.7 Peripheral arterial disease
- 8.8 Cerebral vascular accident

Diseases of the respiratory system

9.0 Respiratory disorders - other

- 9.1 Cystic fibrosis
- 9.2 COPD
- 9.3 Asthma
- 9.4 Emphysema

Diseases of the digestive system

10.0 Digestive disorders - other

- 10.1 Peptic ulcer
- 10.2 Chronic liver disease
- 10.3 Cirrhosis
- 10.4 Crohn's disease
- 10.5 Colitis

Diseases of the genitourinary system

- 11.0 Genitourinary disorders - other
- 11.1 Kidney disease

Do not overlook the mental and cognitive symptoms and try to quantify this impact. Often the PASC patient physically looks quite good, but in fact cognitively and emotionally are very impaired. Ask the time it takes to do average tasks. Find out if they actually cannot do the task independently and efficiently. Capture the amount of assistance a caregiver or spouse is quietly doing to assist the patient.

- 15.0 Injury and poisoning - other
- 15.1 Traumatic brain injury
- 15.2 Amputations

Other conditions

16.0 Other

- 16.1 Chronic fatigue syndrome
- 16.2 Sleep apnea
- 16.3 Environmental sensitivities

PWD Application

Section 1 – Applicant Information

Optional section for applicants who need help with their self report in an essay format. It is good for the physician to read this section, but not an essay of symptoms –

E - DAILY LIVING ACTIVITIES

Note: If you are completing the Assessor Report, Section 3, in addition to this Physician Report, do not complete this page, (Part E)

Physician/NP familiar with the patient and COVID-19 is required to complete this section. Not long, succinct codes and short description. Functional assessments should be close to the next section's descriptors.

Section 3 – Assessor Report

Best assessors are function focused – Occupational Therapists, skilled Medical Social Worker, or a Physician comfortable assessing functional abilities. Requires extensive interview and focuses on restrictions, neglect, taking significantly longer and need for assistance.

C - DAILY LIVING ACTIVITIES (Social Functioning) Only complete this

Indicate the support/supervision required, as related to restrictions in the following areas:

Appropriate social decisions (incl. avoiding situations dangerous to self or others, good social judgement)

Ability to develop and maintain relationships

Interacts appropriately with others (e.g., understands and responds to social cues; problem solves in social context)

Ability to deal appropriately with unexpected demands

Ability to secure assistance from others

Other (specify)

Describe how the mental impairment

• immediate social network (partner, family, friends, etc.)

good functioning - positive relations

marginal functioning - little significant

very disrupted functioning - aggressive

Comments:

• extended social networks (neighbourhood contacts, acquaintances, storekeepers, officials, etc.)

good functioning - positive interacts in community: often participates in activities with others

marginal functioning - little more than minimal acts to fulfill basic needs

very disrupted functioning - overly disruptive behaviour: major social isolation

Comments:

If the applicant requires help, as indicated above, please describe the support/supervision required which would help to maintain him/her in the community.

Additional Comments (including identification of any safety issues):

ASSESSOR

C - DAILY LIVING ACTIVITIES

Indicate the assistance required related to impairment(s) that directly restrict the applicant's ability to manage in the following areas. Check all that apply.

Personal Care

1. Dressing

2. Grooming

3. Bathing

4. Toileting

5. Feeding self

6. Regulate diet⁵

7. Transfers (in/out of bed)

8. Transfers (on/off of chair)

Basic Housekeeping

1. Laundry

2. Basic Housekeeping

Shopping

1. Going to and from stores

2. Reading prices and labels

3. Making appropriate choices

4. Paying for purchases

5. Carrying purchases home

Additional comments (including a description of issues):

3 Periodic assistance - refers to the need for significant episodic nature of the impairment.

4 Continuous assistance - refers to needing significant

5 For example, issues related to eating disorders characterized by major disturbances in eating behaviour.

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ASSESSOR

B - MENTAL OR PHYSICAL IMPAIRMENT (continued)

Complete item #4 for an Applicant with an identified mental or physical impairment.

4. Cognitive and Emotional Functioning

For each item indicate to what degree the applicant's mental or physical impairment affects his/her functioning.

If impact is episodic or impact varies over time, please explain in the comment section below.

Bodily functions (e.g., eating problems, toileting problems, poor hygiene, sleep disturbance)

Consciousness (e.g., orientation, alert/drowsy, confusion)

Emotion (e.g., excessive or inappropriate anxiety, depression, etc.)

Impulse control (e.g., inability to stop doing something or failing to resist doing something)

Insight and judgement (e.g., poor awareness of self and health condition(s), grandiosity, unsafe behaviour)

Attention/concentration (e.g., distractible, unable to maintain concentration, poor short term memory)

Executive (e.g., planning, organizing, sequencing, abstract thinking, problem-solving, calculations)

Memory (e.g., can learn new information, names etc. and then recall that information; forgets over-learned facts)

Motivation (e.g., lack of initiative; loss of interest)

Motor activity (e.g., increased or decreased goal-oriented activity, co-ordination, lack of movement, agitation, ritualistic or repetitive actions; bizarre behaviours, extreme tension)

Language (e.g., expression or comprehension problems - e.g., inability to understand, extreme stuttering, mute, racing speech, disorganization of speech)

Psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, etc.)

Other neuropsychological problems (e.g., visual/spatial problem, psychomotor problems, learning disabilities, etc.)

Other emotional or mental problems (e.g., hostility, explain below)

Comments:

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ASSESSOR

A - LIVING ENVIRONMENT

1. Does the Applicant live ☐ Alone? ☐ With Family, Friends, or Caregiver? ☐ In a Care Facility?

Comment:

B - MENTAL OR PHYSICAL IMPAIRMENT

"Impairment" is a loss or abnormality of psychological, anatomical or physiological structure or functioning causing a restriction in the ability to function independently, effectively, appropriately or for a reasonable duration.

1. What are the applicant's mental or physical impairments that impact his/her ability to manage Daily Living activities? (brief summary)

2. Ability to Communicate

Please indicate the level of ability in the following areas:

	Good	Satisfactory	Poor	Unable	Explain / Describe
Speaking					
Reading					
Writing					
Hearing					

Comments:

3. Mobility and Physical Ability

Indicate the assistance required related to impairment(s) that directly restrict the applicant's ability to manage in the following areas. Check all that apply.

	Independent	Periodic assistance ¹ from another person	Continuous assistance ² from another person or unable	Uses Assistive device	Takes significantly longer than typical (describe how much longer)	Explain and specify assistive device/s
Walking indoors						
Walking outdoors						
Climbing stairs						
Standing						
Lifting						
Carrying and holding						

Comments:

1 Periodic assistance - refers to the need for significant help for an activity some of the time as would be the case where a person required help due to the episodic nature of the impairment.

2 Continuous assistance - refers to needing significant help most or all of the time for an activity.

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ASSESSOR

Page 19 of 28

Page 17 of 28

Documentation – from irritation to routine

Absentee letters

PWD BC

The Disability Tax Credit
(T2201)

CPP-D

WorkSafeBC

Mortgage and deferrals

The Medical/legal report



Slightly deeper dive into Fatigue & Post-Exertional Malaise

Disability Tax Credit Certificate

The information provided in this form will be used by the Canada Revenue Agency (CRA) to determine the eligibility of the individual applying for the disability tax credit (DTC). For more information, see the general information on page 16.

Need help?
canada.ca/disability-
tax-credit
1-800-959-8281

Part A – Individual's section

1) Tell us about **the person with the disability**

First name:

Last name:

Social insurance number:

Day	Number of people
Monday	20
Tuesday	40
Wednesday	40
Thursday	80
Friday	40
Saturday	40
Sunday	80

Mailing address:

City:

Province or territory:

Postal code:

Date of birth:

Month	Number of Visitors
January	10
February	20
March	20
April	20
May	80
June	20
July	80
August	20

Year

Month

Day

2) Tell us about **the person claiming the disability amount**

☐ The person with the disability is claiming the disability amount

or

☐ A supporting family member is claiming the disability amount (the spouse or common-law partner of the person with the disability, or a parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, or niece of that person or their spouse or common-law partner).

First name:

Last name:

Canada Revenue Agency

Eligibility criteria for the disability tax credit

The person must be markedly restricted in

one of the basic activities of daily living

two or more of the basic activities of daily living combined

Impairment must also meet all of the following criteria:

1. is expected to last for a continuous period of at least 12 months
2. be present at least 90% of the time

Step 1 – Fill out the sections of the form on pages 4-16 that are applicable to your patient.

When considering your patient's limitations, assess them compared to someone of similar age who does not have an impairment in that particular category. If your patient experiences limitations in more than one category, they may be eligible under the "Cumulative effect of significant limitations" section on page 14.

If you want to provide more information than the space allows, use a separate sheet of paper, sign it, and attach it to this form. Make sure to include the name of the patient at the top of all pages.

☐ Vision

☐ Speaking

☐ Hearing

☐ Walking

☐ Eliminating (bowel or bladder functions)

☐ Feeding

☐ Dressing

☐ Mental functions necessary for everyday life

Step 1 – Fill out the sections of the form on pages 4-16 that are applicable to your patient.

When considering your patient's limitations, assess them compared to someone of similar age who does not have an impairment in that particular category. If your patient experiences limitations in more than one category, they may be eligible under the "Cumulative effect of significant limitations" section on page 14.

If you want to provide more information than the space allows, use a separate sheet of paper, sign it, and attach it to this form. Make sure to include the name of the patient at the top of all pages.

☐ Vision

☐ Hearing

☐ Eliminating (bowel or bladder functions)

☐ Dressing

☐ Speaking

☐ Walking

☐ Feeding

☐ Mental functions necessary for everyday life

Limitations in speaking

Is this the case all or substantially all of the time (see page 3)?

☐

The patient is unable to speak or takes an inordinate amount of time to speak so as to be understood (at least three times longer than someone of similar age without a speech impairment) by a familiar person in a quiet setting.

☐ Yes☐ No☐

The patient has difficulty, but does not take an inordinate amount of time to speak so as to be understood by a familiar person in a quiet setting.¹

☐ Yes☐ No

Limitations in dressing oneself

Is this the case all or substantially all of the time (see page 3)?

☐

The patient is unable or takes an inordinate amount of time to dress themselves (at least three times longer than someone of similar age without an impairment in that ability).

☐ Yes☐ No☐

The patient has difficulty, but does not take an inordinate amount of time to dress themselves.¹

☐ Yes☐ No

The challenge of the “invisible disabilities”

Speech – actually means language, subtle communication impairment, word finding, slow processing

Walking – can walk but suffer rebound symptoms

Limitation Due to Post-exertional Malaise (PEM)
Symptoms typically worsen 12 to 48 hours after activity and can last for days or even weeks
Slower, need for rest
Reduced tolerance of borderline activities results in “crashes” PEM at times

Risk of harm
Repeated PEM can lead to serious and permanent deterioration of function
NICE Guidelines: <https://www.cdc.gov/me-cfs/healthcare-providers/clinical-care-patients-mecfs/treating-most-disruptive-symptoms.html>

Restrictions
Based on risk: Activities that a patient should not do because of risk of harm
Pacing further reduces functioning to the point of meeting CRA criteria

Mental functions necessary for everyday life – have to capture time, supports, actual performance

Case: 29 year old female

29 year old City accountant

Improved but not good enough to return to duties.

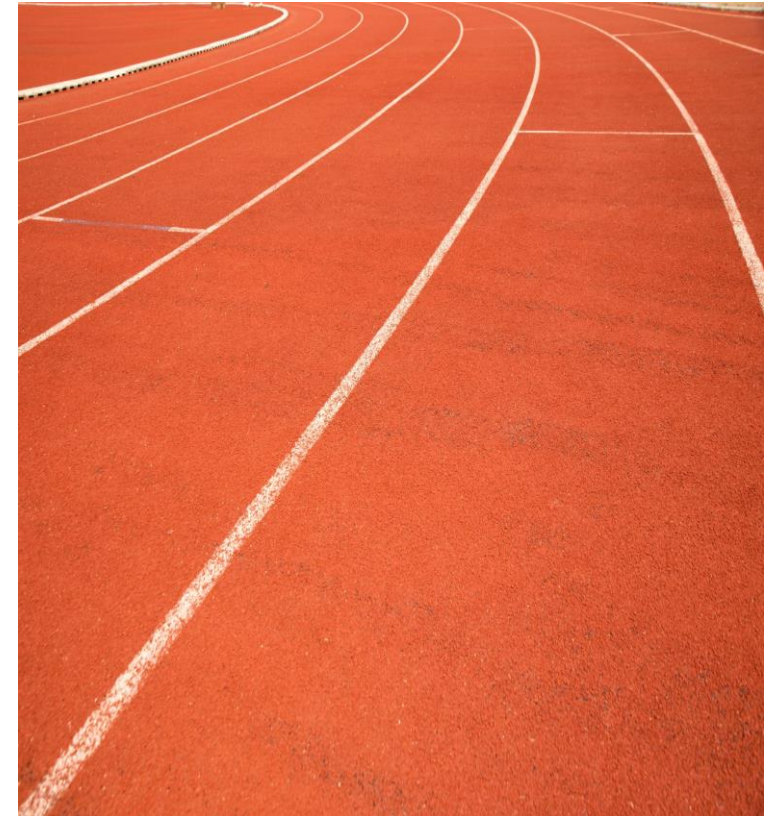
Better on postural hypotension and general fatigue – but very paced or she will rebound.

Very short walks, 400 meters, but on the flat not hiking as she used to. It takes her 10 minutes to do one lap.

Mental fatigue at 30 minutes and makes mistakes with accounting tasks.

Anxious, depressed, and low self-esteem/confidence.

Socially withdrawn. Still with boyfriend but stressed relationship. Home to Mom's.



6-minute Walk Test

Healthy men 40 y.o. 50 %ile =
650 m

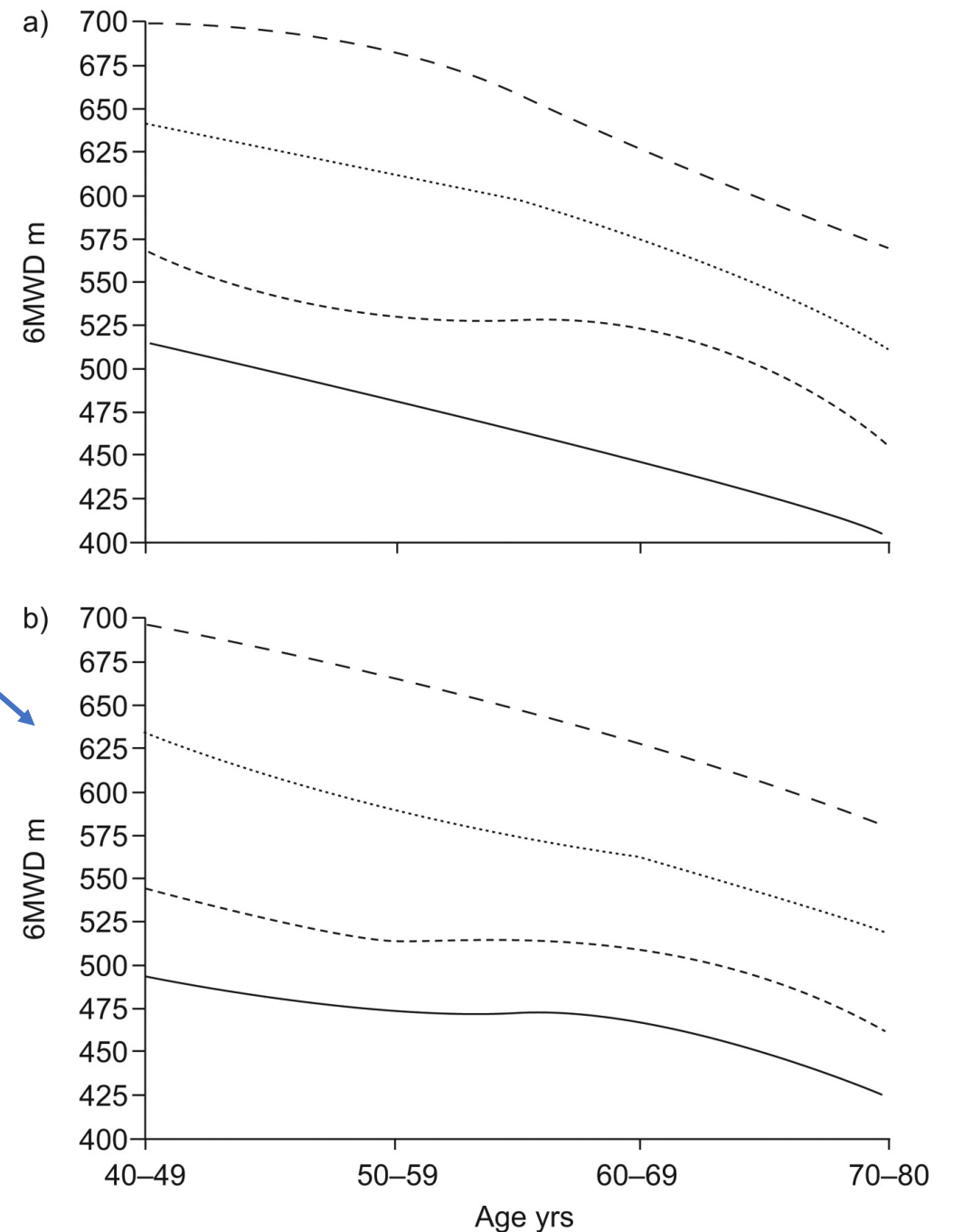
Health women 40 y.o. 50 %ile =
625 m

(Eur Respir J 2011; 37: 150–156)

Patients with PEM (i.e., ME/CFS)

average age 38; 75% female =
312 m

(Lancet 2011; 377: 823–36)



Walking

☒ medical doctor ☐ nurse practitioner ☐ occupational therapist ☐ physiotherapist

1) List any medical conditions that impact the patient's ability to walk and provide the year of diagnosis (if available):

**PASC (Post Acute Sequelae of SARS-CoV-2)
with features of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS)
and with features of Postural Orthostatic Tachycardia Syndrome (POTS)**

2) Does the patient take medication to aid their limitations in walking?

☐ Yes ☒ No ☐ Unsure

3) Describe if the patient uses any devices or therapy to aid their limitation in walking (for example: cane, occupational therapy):

The patient does not require an assistive device such as a cane or walker, however, a therapeutic approach to coping with limitation in walking is used. Paced activation, maintaining a minimum activation but prescribed limits to avoid exacerbation of post-exertional exacerbation of pain and fatigue.

4) Provide examples of the factors that limit the patient's ability to walk using the severity and frequency scales provided as a guide (for example, they have severe pain in their legs, they often have moderately impaired balance, they experience shortness of breath upon mild exertion):



Walks slowly (1/3 as fast as normal), must stop and rest frequently, and is restricted in walking up/down stairs or inclines. Frequently experiences pain, stiffness, fatigue, reduced balance, shortness of breath, and dizziness. If walks for more 10 to 20 minutes, experiences post-exertional malaise which can last 1 – 2 days or more. Prescribed restriction to reduce symptoms is to walk for 10 minutes, then rest for 10 mins, and walk another 10 mins. Symptoms are severe, frequent, and persistent for the foreseeable future.

above, if applicable.

Limitations in walking	Is this the case all or substantially all of the time (see page 3)?	Year this began
<input checked="" type="checkbox"/> The patient is unable or takes an inordinate amount of time to walk (at least three times longer than someone of a similar age without an impairment in walking).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2020
<input type="checkbox"/> The patient has difficulty, but does not take an inordinate amount of time to walk. ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	

¹If your patient experiences limitations in more than one category, they may be eligible under the "Cumulative effect of significant limitations" section on page 14.

6) Has the patient's impairment in walking lasted, or is it expected to last, for a continuous period of at least 12 months?

☒ Yes ☐ No

7) Has the patient's impairment in walking improved or is it likely to improve to such an extent that they would no longer be impaired?

☐ Yes (provide year) ☐ No ☐ Unsure

Year

Mental functions necessary for everyday life

Initial your designation if this category is applicable to your patient:

☒ medical doctor ☐ nurse practitioner ☐ psychologist

Mental functions necessary for everyday life include:

- **Adaptive functioning** which includes abilities related to:
 - self-care such as attending to personal hygiene
 - health and safety
 - initiating and responding to social interactions
 - common, simple transactions such as grocery shopping or paying a bill
- **Memory** which includes the ability to remember:
 - simple instructions
 - basic personal information such as date of birth and address, or material of importance and interest
- **Judgment, problem-solving, and goal-setting** taken together (for example, complying with prescribed treatments, selecting weather appropriate clothing)

1) List any medical conditions that impact the patient's ability to perform mental functions necessary for everyday life and provide the year of diagnosis (if available):

PASC (Post Acute Sequelae of SARS-CoV-2)

Reduced attention, memory, calculation accuracy, and prompt-dependent for initiation and follow through for basic activities of daily living.

Features of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS)

Features of postural orthostatic tachycardia syndrome (POTS)

2) Does the patient take medication that aids their ability to perform mental functions necessary for everyday life?

☒ Yes ☐ No ☐ Unsure

Does the patient require supervision or reminders from another person to take their medication?
This question is not applicable to children.

☒ Yes ☐ No ☐ Unsure

Select the option that best describes how effectively the medication treats their condition:

☐ Effective ☒ Moderately effective ☐ Mildly effective ☐ Ineffective ☐ Unsure

3) Describe any devices or therapy the patient uses that aid their ability to perform mental functions necessary for everyday life (for example, memory aids, assistive technology, cognitive-behavioural therapy):

Memory aids – journals, day-minders, lists, alarms, prompts from caregiver, supportive living arrangements with boyfriend and family.

Phone “spot checks” by family if left home alone.

Cognitive Behavioural Strategies of dividing tasks, scheduling, paced activity with scheduled rests.

Energy conservation techniques for task simplification, and some tasks delegated to family.

Mental functions (continued)

4) Does the patient have an impaired capacity to live independently (or to function at home or at school in the case of a child under 18) without daily supervision or support from others?

☐

No

☒

Yes

Select all types of support received by the adult or child under 18:

Adult

☐

Assisted living or long-term facility

☐

Community-based health services

☐

Hospitalization

☒

Support from family members

Child under 18

☐

Adult supervision at home beyond an age-appropriate level

☐

Additional support from educational staff at school

Provide additional details about support received (optional):

Family will play tag team to support her if she is at home for long hours. Phone calls to check and to prompt her back on task if required.

While this is improving the family is not confident in her safety if she were to live on her own.

Adaptive functioning

5) Select the option that best describes the severity of the patient's difficulties with adaptive functioning:

- ☐ No difficulty ☐ Mild ☐ Mild to moderate ☒ Moderate ☐ Moderate to severe ☐ Severe

If they have difficulty with adaptive functioning, select all the examples that apply to the patient.

The patient has an impaired capacity to:

- | | |
|---|--|
| <input type="checkbox"/> Adapt to change | <input type="checkbox"/> Initiate common, simple transactions |
| <input type="checkbox"/> Exhibit socially appropriate behaviour | <input type="checkbox"/> Perform basic hygiene or self-care activities |
| <input type="checkbox"/> Express basic needs | <input checked="" type="checkbox"/> Perform necessary everyday tasks |
| <input type="checkbox"/> Demonstrate basic impulse control | <input type="checkbox"/> Process basic verbal information |
| <input checked="" type="checkbox"/> Go out in the community | <input type="checkbox"/> Recognize danger and risks to their safety |

Memory

6) Select the option that best describes the severity of the patient's memory difficulties:

- ☐ No difficulty ☐ Mild ☐ Mild to moderate ☒ Moderate ☐ Moderate to severe ☐ Severe

If they have difficulty with memory, select all the examples that apply to the patient.

The patient has an impaired capacity to:

- | | |
|---|---|
| <input type="checkbox"/> Remember basic personal information such as date of birth and address | <input type="checkbox"/> Remember simple instructions |
| <input checked="" type="checkbox"/> Remember material of importance and interest to the patient | |

Mental functions (continued)

Judgment, problem-solving, and goal-setting taken together

7) Select the option that best describes the severity of the patient's overall difficulties with judgment, problem-solving, and goal-setting:

- ☐ No difficulty ☐ Mild ☐ Mild to moderate ☒ Moderate ☐ Moderate to severe ☐ Severe

If they have difficulty with judgment, problem-solving, and goal-setting, select all the examples that apply to the patient.

The patient has an impaired capacity to:

- ☐ Comply with prescribed treatments
☒ Make and carry out simple day-to-day plans
☒ React appropriately in unfamiliar situations

Additional information

8) Provide any examples related to the patient's adaptive functioning, memory, or judgment, problem-solving, and goal-setting difficulties that were not captured above.

Difficulty in attention, focusing, concentrating, memorization, and processing information. Tolerance to cognitive tasks begins to fail at 30 minutes with failure to recall new learned information. Perseverating with cognitive tasks beyond tolerance often results in post-exertional malaise which can last 1 – 2 days after the activity. Needs to read or hear the same information several times. Requires longer or is unable to resolve a problem without assistance. Difficulty with organizing and prioritizing; easily overwhelmed. Self-isolates and avoids interacting with people due to not being able to keep up to social cognitive demands. Struggles with emotional regulation and suffers severe anxiety and depression. Prescribed restriction for cognitive tasks is 10 minutes, then rest for 10 mins.

- 9) Tell us in the table below about the patient's ability to perform mental functions necessary for everyday life (more than one answer may apply, given that the patient's ability may change over time). Evaluate their ability to perform mental functions when using the medication, devices, and therapy listed above, if applicable.

Mental functions	Is this the case all or substantially all of the time (see page 3)?	Year this began
<input checked="" type="checkbox"/> The patient is unable to perform these functions by themselves or takes an inordinate amount of time compared to someone of similar age without an impairment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2020
<input type="checkbox"/> The patient has difficulty performing these functions, but does not take an inordinate amount of time. ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	

¹If your patient experiences limitations in more than one category, they may be eligible under the "Cumulative effect of significant limitations" section on page 14.

- 10) Has the patient's impairment in performing mental functions necessary for everyday life lasted, or is it expected to last, for a continuous period of at least 12 months?

☒ Yes ☐ No

- 11) Has the patient's impairment in performing mental functions necessary for everyday life improved or is it likely to improve to such an extent that they would no longer be impaired?

☐ Yes (provide year) ☒ No ☐ Unsure

Year

Cumulative effect of significant limitations

initial year of designation in this category is applicable to your patient.
____ medical doctor ____ nurse practitioner ____ occupational therapist²
²An occupational therapist can only certify limitations for walking, feeding, and dressing.

When a person's limitations in one category do not quite meet the criteria to qualify for the DTC, they may still qualify if they experience significant limitations in two or more categories.

1) Select all categories you completed in previous pages and in which your patient has significant limitations, even with therapy and the use of appropriate devices and medication:

- | | |
|---|--|
| <input type="checkbox"/> Vision | <input checked="" type="checkbox"/> Speaking |
| <input type="checkbox"/> Hearing | <input checked="" type="checkbox"/> Walking |
| <input type="checkbox"/> Eliminating (bowel or bladder functions) | <input type="checkbox"/> Feeding |
| <input type="checkbox"/> Dressing | <input checked="" type="checkbox"/> Mental functions necessary for everyday life |

Important: If you checked a box for a particular category on this page but did not complete the corresponding section on the applicable page of this form, fill out that section prior to completing this page. The CRA will need that information to determine your patient's eligibility under the cumulative effect of significant limitations.

2) Do the patient's limitations in at least two of the categories selected above exist together all or substantially all of the time (see page 3)?

Note: Although a person may not engage in the activities simultaneously, "together" in this context means that they are affected by the limitations during the same period of time.

☒ Yes ☐ No

3) Is the cumulative effect of these limitations equivalent to being unable or taking an inordinate amount of time in one single category of impairment, all or substantially all of the time (see page 3)?

☒ Yes ☐ No

4) Provide the year the cumulative effect of the limitations described above began:

2020
Year

Useful links/references:

[Vocational Rehabilitation Program for Canada Pension Plan disability benefits recipients - Canada.ca](#)

[COVID-19: Long-Lasting Health Effects Among Survivors \(myorthoevidence.com\)](#)

<https://www.nature.com/articles/s41423-021-00743-3.pdf>

Site for all Tax Credit forms for download, fillable:
[T2201 Disability Tax Credit Certificate - Canada.ca](#)

Paper version PDF T2201
[Disability Tax Credit Certificate \(canada.ca\)](#)

NICE Guidelines: <https://www.cdc.gov/me-cfs/healthcare-providers/clinical-care-patients-mecfs/treating-most-disruptive-symptoms.html>

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THANKS



Questions?
Cases?
Problems?