

## Providing a letter as supporting evidence

There are different ways to provide evidence of your disability.

Any **treating healthcare professional** can contribute evidence to support your application.

Allied health therapists including a physiotherapist, occupational therapist or speech pathologist can provide **reports and assessments** as evidence. You may get a better outcome if you provide reports and assessments from **more than one member** of your **treating team**.

Supporting evidence can also come in the form of a **letter**. The letter can be written by any of your treating team. You may like to ask your neurologist, GP, or rehabilitation doctor.

The letter needs to identify your primary disability and communicate the **impact** it has on your **daily life**. It also needs to clearly state that your disability is **permanent, significant, and ongoing**.

As the letter needs to identify your disability *and* communicate how it impacts your participation in daily life, you may get a better outcome if **multiple people contribute** to the letter.

You can bring the following guide with you when you request a letter.

### **Step 1 - Identify primary disability. State that this is permanent, significant and ongoing.**

Example:

X sustained an acquired brain injury as a result of a left middle cerebral artery ischaemic infarct (left hemisphere brain stroke). This has resulted in a permanent disability impacting on all key domains: mobility, communication, social interaction, learning, self-care and self-management. Their functional capacity has been impacted since *date*.

### **Step 2 - Explain how the disability impacts different areas of X's life, addressing each relevant one separately. Provide specific examples, focusing on deficits and impact to their participation in daily life activities. Do not focus on recovery or rehabilitation.**

- **Mobility**
- **Communication**
- **Social Interaction**
- **Learning**
- **Self-care**

## - **Self-management**

Examples:

### Mobility

Y has severe issues with their mobility which are permanent and ongoing. They get tired very easily which then affects the distance they can cover. They require a four-wheel frame to walk around the house. Y is unable to take their dog for a walk as they need a wheelchair and the assistance of another person when outside.

### Communication

As a result of the stroke, X has moderate expressive and receptive aphasia (a language impairment) causing significant communication difficulties including

- Thinking of the right word to say and understanding what other people have said.
- Accurately expressing their wants and needs in social and professional situations.
- Following spoken instructions accurately.
- Writing and understanding complex written information including forms and bills.
- The words they say may sound different to what they intend (e.g. they may say "big" instead of "pig")

X requires ongoing assistance of a trained communication partner to help them express their basic wants and needs. X requires assistive technology to help aid in their communication. They need supervision and support at all times when they are out in the community or attending social events and appointments.

### Social Interaction

X's ability to participate in social environments is impacted by their communication deficits and cognitive limitations. For example, X has difficulty maintaining appropriate conversation rules such as turn-taking and staying on topic. They have difficulty monitoring their communication and behaviour during conversation. X is dependent on their communication partner to support their understanding of others, express their own ideas, maintain friendships and ensure their overall participation in any social conversation.

People with aphasia, such as X, are at increased risk of social isolation because of their communication impairment. X is also at risk of being taken advantage of by others due to them not being understood. X requires the ongoing assistance of others to safely access the community.

### Learning

X's communication deficits and cognitive limitations resulting from a stroke impact their ability to remember and recall key information, understand spoken or written information, and maintain the attention and concentration required to learn new skills. X requires frequent prompting and repetition to follow one or two-step commands. This support is through others and assistive technology.

### Self-care

Z is dependent on daily assistance in combination with assistive technology to complete their self-care routine. Z requires supervision when showering due to an increased risk of falls. They are unable to get dressed independently and require assistance for grooming tasks that require greater dexterity, such as tying their hair. They need assistance with all household tasks including cooking meals, completing household chores and shopping

### Self-management

X is not able to understand complex written information including forms and bills and requires the assistance of a trained communication partner to support their participation at all medical and legal appointments, and assistance with managing finances. X is unable to access the community to complete their self-management tasks without assistance.

**Step 3 - Conclude by emphasising that it is permanent and all medical treatment options have been explored. No more improvement is likely even with therapy, and these supports are required to maintain current baseline functional capacity.**

### Example:

The acquired brain injury resulting from a stroke is permanent in nature. All medical options have been explored and no more improvement to baseline level of functional capacity is likely. X requires ongoing assistance to communicate, express their basic wants and needs, access and engage in their community, participate in age related activities and aid in their overall wellbeing and quality of life.