Case Study

active care group

Clive's Story

Progress towards independence through intensive, multi-disciplinary rehabilitation following a traumatic brain injury.

Loyd House, Northamptonshire

Clive* has come a long way in his rehabilitation, increasing his independence and confidence with the support of the team at Loyd House.

Clive arrived at Loyd House following a life-changing incident in April 2019, when he fell from a roof and sustained a severe brain injury. The accident left him in a coma for approximately four weeks and resulted in long-term physical, cognitive, and emotional challenges. Prior to his injury, Clive also had a history of mental health difficulties, including anxiety, depression, and self-harming behaviours.

When Clive came to Loyd House, he required a high level of input from a full Multi-Disciplinary Team (MDT). His rehabilitation plan involved Physiotherapists, Occupational Therapists, Psychologists, Therapy Technicians, Dietitians, and Rehabilitation Assistants. The team worked together to support his physical recovery, manage his mental health, and help him regain independence in his daily life. Clive initially needed extensive help with tasks such as personal care, meal preparation, community access, and medication management. He struggled with the effective use of his left arm, which he often held in a flexed position with minimal control, and he had difficulty with balance, stamina, and orientation in unfamiliar environments.

Mobility was a key area of focus. The physiotherapy team created a program aimed at improving Clive's lower limb strength and overall endurance. He began attending the local gym as part of this routine, which gradually helped reduce dizzy spells and build his confidence when walking. For his upper body, the team introduced progressive weight-bearing exercises and employed Proprioceptive Neuromuscular Facilitation (PNF) techniques. Over time, Clive regained some isolated control in his left arm. Staff began to observe him using both hands when eating and noted improved posture and grip strength in his affected arm.

Personal care was another area in which Clive showed significant growth. Initially, due to self-neglect, often linked to his mental health, he required assistance with washing and drying. The therapy team introduced adaptive equipment, including a long-handled bath brush, to support his independence. Eventually, Clive only required supervision during personal care routines. His ability to maintain hygiene improved, although he still receives ongoing assessment due to occasional lapses in self-care during periods of low mood.

Cooking and domestic tasks were gradually reintroduced into Clive's routine through structured sessions with the occupational therapy team. He took part in multiple cooking assessments designed to build his skills and confidence. In the beginning, Clive needed both prompting and physical assistance, largely due to his limited use of the left hand. However, with the introduction of adapted kitchen tools and consistent support, Clive began to prepare meals with reduced assistance.

In addition to his recovery from the brain injury, Clive also had to adapt to a recent diagnosis of Type 1 Diabetes, which significantly altered his routines. The diagnosis brought new challenges to manage, including dietary adjustments, medication routines, and blood sugar monitoring. The therapy team, alongside a dedicated dietitian and diabetes nurse, helped Clive understand and manage this condition. One staff member who has personal experience with diabetes built a strong rapport with Clive, offering reassurance and first-hand knowledge. This support played an important role in helping Clive accept his diagnosis and feel more in control of his health.

Clive's emotional wellbeing also improved through regular sessions with the Psychologist. Together, they worked on improving his cognition, frustration tolerance, and emotional regulation. Over time, Clive became more engaged in his rehabilitation, showed better motivation, and significantly reduced his absconding behaviours. He now actively participates in his exercise routines, voices a desire to continue improving, and has expressed hope for a more independent future.

Today, Clive has come a long way. His use of his left arm has improved, and he can perform a functional grip, maintain a neutral wrist position, and participate more actively in daily tasks. His independence in personal care and meal preparation continues to increase, and his confidence in managing his diabetes is growing. While he still requires supervision and periodic assessments, the long-term goal is for Clive to transition into a supported living environment where he can lead a more independent life.

*Name and picture has been changed to protect his identity

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