



# The Canadian Society of Chiropractic Evaluators

202-2040 Sheppard Ave East  
North York, Ontario M2J 5B3

Voice 416.497.4477 FAX 416.497.4662

## The Evaluator

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### Key Treatment Components of WAD impairments

- Pain control
- Mobilization/manipulation
- Activation
- Reassurance
- Education

## Whiplash Associated Disorders Guidelines - Redefining Practice

By Dr. Carlan Stants, B.Sc.(Hon), D.C., FCCRS(C)

Historical consensus holds that the term "whiplash" was first used in 1928 by an orthopaedic surgeon, Dr. Harold Crowe, while at a symposium of the Western Orthopaedic Association in San Francisco, USA. Crowe devised the term when investigating eight special neck-injury cases and likened the mechanism of injury to the lash and crack effect of a whip.

For two hundred years preceding 1928, "whiplash" type injuries had popularly been referred to as "railway spine", as similar symptoms were frequently observed in people involved in train accidents. With the invention of the automobile, reports of persisting cervical pain after motor vehicle accidents began to appear as early as 1919.

It should be noted that the diagnosis of "railway spine" was not without its controversy as the intangible nature of symptoms led to some dismissing the condition as a "psychosomatic disorder".



In 1945, Dr. A. Davis confirmed the place of the word "whiplash" in the legal and medical lexicons by publishing an article in the Journal of the American Medical Association in which he wrote, "Starting with the fact that the great majority of injuries of the cervical spine are in the nature of a whiplash, and accepting the meaning of the term whiplash as hyperflexion followed by spontaneous extensor recoil, the nature of a great variety of injuries of this section of the spinal column becomes understandable."

The controversial term "whiplash" has since come to be commonly (and often inappropriately) used to describe a constellation of symptoms resulting from a host of different types of impairments associated with automobile collisions, falls, bicycle accidents, and a host of other sporting and recreational activities.

The incidence rate and the management of "whiplash" has also been controversial. Acute incidence rates quoted in the literature fluctuate dramatically from country to country. Critics argue that chronic whiplash symptoms are a function of a claimant's access to insurance benefits despite the fact that there is an incidence rate in the population where entitlement is not an issue.

Over the course of time costs associated with the treatment of "whiplash" impairments have risen steadily and often dramatically. A number of measures have been implemented by insurers and government agencies globally to try to control these costs with limited success.

In response to these issues, the Société de l'assurance automobile du Québec, the public auto insurer in Quebec, Canada, sponsored the implementation of the *Québec Task Force (QTF)* in the early 1990's which resulted in the development of what have become known as the QTF guidelines. The QTF reviewed 10,000 publications using a modified Dephi method and focused on clinical issues and the diagnosis, risks, prognosis and treatment of whiplash. The QTF guidelines were largely developed by consensus of a panel of "expert" members who were drawn from a variety of clinical fields.

### Inside this issue:

WAD Guidelines Redefining Practice	1
FSCO Statement of Priorities	2
President's Report	3
FSCO - 5 Year Review	3

## Whiplash Associated Disorders Guidelines - Current Practice (con't)

While the Delphi method in and of itself is not without its own controversies, the QTF submitted a report on Whiplash-Associated Disorders (WAD) to the SAAQ, which made specific recommendations on the prevention, diagnosis and treatment of WAD. These recommendations have become the base for the *Guideline on the Management of Claims Involving Whiplash-Associated Disorders*. The full report titled *Redefining "Whiplash"* was published in the April 15, 1995 issue of Spine. An updated report was published in January 2001.

In an effort to rein in reported escalating costs, insurers in a variety of jurisdictions were quick to convince governments to convert these guidelines into regulatory changes. Examples of this are the Pre-Approved Guidelines for the Treatment of WAD Injuries in Ontario, Canada.

Similar to the Canadian experience, other jurisdictions and organizations have also moved forward in developing Guidelines. A list of some of these current guidelines include:

**“Clinical practice guidelines for physical therapy in patients with whiplash associated disorders”**  
The Royal Dutch Physiotherapy Association, Netherlands, (2003), [www.ifomt.org/pdf/Guidelines/WhiplashGln.pdf](http://www.ifomt.org/pdf/Guidelines/WhiplashGln.pdf)

**“Clinical guidelines for the physiotherapy Management of Whiplash Associated Disorders”**  
The Chartered Society of Physiotherapy, United Kingdom. (2004), [www.csp.org.uk/uploads/documents/csp\\_WAD\\_QRG.pdf](http://www.csp.org.uk/uploads/documents/csp_WAD_QRG.pdf)

**“The Whiplash Commission Final Report”**  
Sweden, (2005), [www.whiplashkommissionen.se/pdf/WK\\_finalreport.pdf](http://www.whiplashkommissionen.se/pdf/WK_finalreport.pdf)

**“Diagnosis and Early Management of Whiplash Injuries”**  
The Swedish Society of Medicine and The Whiplash Commission Task Force, Sweden (2005)

**Guidelines for the Management of Acute Whiplash-Associated Disorders for Health Professionals”**  
Motor Accidents Authority, New South Wales, Australia (2007) [www.maa.nsw.gov.au](http://www.maa.nsw.gov.au)

**“Clinical guidelines for best practice management of acute and chronic whiplash-associated disorders”**  
South Australian Centre for Trauma and Injury Recovery, (2008), [www.tracsa.org.au](http://www.tracsa.org.au)

From these more recent guidelines, there is a growing recognition of a need to have separate guides for acute and chronic impairments with a heavier emphasis on psychosocial issues for chronic impairments. There is increased emphasis on the role of health professionals in precipitating chronicity in injured individuals through either inappropriate or incomplete assessments and therapies. Finally, there is recognition that more research needs to be done on the management of whiplash associated disorders and that these guidelines are just that - a framework for the best practice management of WADs that still allows health professionals the ability to exercise clinical decision making.



## FSCO 2009 Statement of Priorities

**T**he Financial Services Commission of Ontario has released its 2009 Statement of Priorities.

Section 11 of the FSCO Act requires FSCO to “deliver to the Minister of Finance and publish in The Ontario Gazette [by June 30th of each year] a statement setting out the proposed priorities of the Commission for the fiscal year in connection with the administration of this Act and all other Acts that confer power on or assign duties to the Commission or the Superintendent.”

FSCO’s Statement of Priorities identifies key challenges facing FSCO, outlines proposed strategic priorities, highlights initiatives and notes recent progress on significant projects.

Last year, FSCO undertook a comprehensive review of its mandate and vision statements as part of its planning process. Following the review, FSCO staff developed a new mandate and vision, as well as identified new priorities.

One of these priorities is to work with the Ministry of Finance and FSCO stakeholders to implement changes to the current automobile insurance system arising from the Superintendent’s Five-Year Review based on direction from the Minister of Finance.

The Statement of Priorities for 2009 can be found on FSCO’s website: [www.fSCO.gov.on.ca/english/pubs/priorities/Default.asp](http://www.fSCO.gov.on.ca/english/pubs/priorities/Default.asp)

## President's Report - Dr. Rocco Guerriero

Since taking on the role of CSCE President in December of 2008, I have been extremely busy participating in numerous lobbying opportunities on behalf of CSCE that I would like to highlight.

In March of 2009, CSCE made a submission to the Canadian Chiropractic Association on their Treatment Guidelines for Whiplash Associated Disorders in adults. In April of 2009, we had a voice at the stakeholder's group meeting at the World Federation of Chiropractors Conference in Montreal. The CCA has incorporated a number of our suggestions which were published this year on the CCA website.

In March of 2009, CSCE also made a submission to the College of Chiropractors of Ontario on the role of independent chiropractic evaluators here in Ontario. Recently, CSCE made a formal submission on the Standard of Practice, S-018, for third party independent chiropractic evaluations. We had a number of concerns including their suggestion of limiting the amount of time chiropractors can spend doing independent chiropractic examinations.

However, most of our efforts this year have been spent in responding to Financial Services Commission of Ontario's five year review paper on auto insurance reform that was published and released in April of 2009. In May of 2009, CSCE submitted its official response to the Ministry of Finance. Some of our members including Dr. Rajwani and myself have met the Honorable Dwight Duncan and his assistant personally on three separate occasions. In April and May of 2009, we discussed pertinent issues. The most important issue that CSCE had to overcome was the "physician gatekeeper" role that was suggested in the FSCO paper.

Recently, on November 2, 2009, the government announced its auto insurance reform package, which luckily did not include the "physician gatekeeper" role. However, they introduced a minor injury protocol and a limit of \$50,000 for Med/Rehab Benefits. There will still be a role for chiropractors doing independent chiropractic examinations. This will be discussed in future editions of The Evaluator.

CSCE on behalf of Dr Guerriero has recently achieved a consensus paper with all of the assessment companies in Ontario. This paper addresses the issue of capping IE fees. CSCE worked with the Association of Independent Assessment Centres and Canadian Society of Medical Evaluators to establish this consensus-based position.

Our continuing education efforts continue to be fruitful. This year, the CSCE along with CMCC has provided the another Independent Chiropractic Evaluator (ICE) program. There still remains strong interest in this program. We have had 25 to 30 participants this year. Thus far, we have educated over 150 chiropractors in the skills for performing independent chiropractic evaluations. Next year, CSCE plans to put on the AMA Guides Impairment Rating course for the third time. This will be offered in April and May of 2010. We regret to inform you that Dr. Jerry Grod, Director of Continuing Education, is no longer with CMCC. I would like to personally thank him for all of his efforts in assisting CSCE in our continuing education efforts for over the past five to seven years.

(continued page 4)



### Auto Insurance 5 Year Review

By Dr. Carlan Stants, B.Sc.(Hon), D.C., FCCRS(C)

Today's reforms  
are often  
tomorrow's  
problems

On June 3, 2008, stakeholders were sent letters from Wayne Arthurs, MPP and Parliamentary Assistant to the Ministry of Finance, and Bob Christie, CEO and Superintendent of the Financial Services Commission (FSCO) asking them to identify issues and concerns and to provide suggestions that will improve the auto insurance system in Ontario.

The deadline for submissions was July 14, 2008. Stakeholders were also provided the opportunity to make direct submissions to FSCO staff. A total of 90 submissions were received from health care provider organizations, the insurance industry, the legal community, consumers and consumer groups, municipalities and regional transit authorities and "other" organizations. Seventy-six of these

submissions are posted on the FSCO website.

On August 20, 2008, Ministry of Finance and FSCO personnel conducted a full day meeting with a select group of 10 stakeholder groups to further discuss auto insurance reforms.

Initially, a final report was to be made the Minister of Finance by October 2008. However, the report was not sent until April 2009 and is posted on the FSCO website. ([www.fSCO.gov.on.ca](http://www.fSCO.gov.on.ca))

The report makes specific recommendations for improving the auto insurance system in Ontario. Stakeholders were provided with an opportunity for further input and in November 2009 the Ministry of Finance released 41 key recommendations for improving the auto insurance sector.

(continued page 4)



2040 Sheppard Ave. E.,  
Suite 202  
North York, ON M2J 5B3  
  
Phone: 416-497-4477  
Fax: 416-497-4662  
E-mail: csce@nyrc.ca



**The Canadian Society of Chiropractic Evaluators**  
*'promoting excellence in independent assessment'*

The Canadian Society of Chiropractic Evaluators (CSCE) is a not-for-profit organization established in 1996 as a non-share corporation. CSCE strives to promote a high level of quality, expertise and standardization in the performance of independent chiropractic evaluations and in the production of the resultant narrative report.

**President's Report (con't)**

In November of 2009, The Canadian Society of Medical Evaluators (CSME) asked me to present at their latest conference. At that conference, I was asked to be on their faculty for teaching independent medical evaluators. It appears that CSME wants to position themselves as the educational organization for all independent medical evaluators. However, CSCE wants to continue its ICE program in its present format for years to come.

CSCE membership has grown to over 45 full and associate members. I am pleased to see the increased interest in our organization. There is recognition of the need to improve upon our communication. This has been hampered by the busy work schedules of the Society's volunteer Board Members

A new key feature of CSCE membership is our research review service that we have purchased for every member. The research review service is an on-line resource designed to help busy practitioners integrate current scientific evidence into their practices. CSCE members will be provided with a welcome package with their coupon code, which will be required to be entered upon visiting [www.researchreviewservice.com](http://www.researchreviewservice.com). Members will start to receive this service in early 2010.

It is important for our profession to continue to support this pivotal organization. In the past year, I had the privilege of traveling across Canada and providing seminars to chiropractors on whiplash. I was able to stimulate increased interest in our organization. However, further pursuits of new members are encouraged. Again, I would like to reach out to our members to have them assist in the workload involved in our organization. I would again like to emphasize the importance of having this organization and our strength is in our membership.

I would like to thank all board members, committee members and Ms. Janet Seymor for their participation and sacrifices over the years. I would like to introduce Ms. Daniella Guerriero, our new CSCE administrative assistant, who will assist our organization in administrative tasks in the years ahead.



 **Auto Insurance 5 Year Review (con't)**

These reforms are listed on the Ministry's Website:  
<http://news.ontario.ca/mof/en/2009/11/ontarios-proposed-auto-insurance-reforms.html>.

Some of the key proposed reforms which are slated to be implemented in July 2010 will include amending the definition of catastrophic impairment and redefining the threshold for catastrophic brain injuries, developing new guidelines for a greater variety of care for minor injuries, developing new standards for the delivery of third party medical examinations as well as qualifications for assessors, limiting insurer examinations to \$2,000 per assessment and eliminating rebuttal examinations completely, and limiting the cost of treatment and assessment of minor injuries to \$3,500.

CSCE is closely monitoring these proposed reforms and remains active in providing input on their implementation.