

8. *Does the claimant suffer a complete inability to carry on a normal life and to require attendant care assistance or services?*

I do not believe this lady suffers a complete inability to carry on a normal life or care for her children as a result of injuries sustained in the subject accident. Attendant care assistance is not required.

9. *What is the estimated duration of the above impairment resulting from the motor vehicle accident? Is this impairment total, partial, reversible, or irreversible?*

Most individuals with this type of injury do not have an impairment that precludes them from performing housekeeping tasks, home maintenance duties, and activities of normal life at home. Occasionally, the impairment may be of sufficient magnitude to preclude caregiving tasks to very young children for a short period of time, but it is not expected to create any disability with respect to caregiving to children over the age of approximately 2 .

10. *Please comment on the appropriateness and effectiveness to date of the present treatment regime in reducing this lady's impairment and disability with respect to her accident related injuries.*

Myofascial strain type injuries involving the cervical spine are generally best treated with a self directed independent training program. While a plethora of passive methods of management have been utilized to treat these types of injuries, very few if any of these have been found to be efficacious in well designed clinical studies. In my current clinical practice I usually ensure that individuals with this type of injury have been evaluated by a physiotherapist in my fracture clinic, they are given a pictographically documented exercise program and I then advised them that prolonged formal supervised treatment is generally not required. While this fundamental philosophy of shifting the onus of improvement onto the injured individual and removing it from health care providers may be foreign to some, it is well supported in previously published studies (*Spine*, Vol. 23, No. 1, 1998) (*Spine*, Vol. 26, No. 4, 2001). In fact, further evidence in support of the utility of a self directed independent training program taught by an experienced physiotherapist was published as recently as last year in a randomized controlled clinical trial (*Spine*, Vol. 28, No. 22: pages 2491-2498, 2003).

Ms. [redacted] has received such passive methods of management as massage therapy, chiropractic adjustment, traction, and electrical stimulation. Although anecdotal reports cite the benefits of massage therapy in individuals with axial skeletal pain, very little scientific literature documents its efficacy (*Spine Secrets*, Vincent J. Devlin, Hanley & Belfus Inc., 2003: page 149). Similarly, a meta-analysis of the literature conducted four years ago has not confirmed conclusive benefit of the use of electrical stimulation in the management of axial skeletal pain (*Spine*, Vol. 27, No. 6, March 2002). Ms. [redacted] has also received such passive methods of management as chiropractic adjustment and traction. I am not in agreement with this type of treatment for these types of injuries