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**Pre-approved Framework Guideline for  
Whiplash Associated Disorder Grade I Injuries  
With or Without Complaint of Back Symptoms**

Superintendent's Guideline No. 06/03

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With or Without Complaint of Back Symptoms**

## **1. Introduction**

This Guideline is issued pursuant to Section 268.3 of the *Insurance Act* for the purposes of the *Statutory Accident Benefits Schedule* (SABS).

This Guideline is effective for new Treatment Confirmation Forms submitted by a initiating health practitioner on or after November 1, 2003, and replaces Pre-approved Framework Guideline for Whiplash Associated Disorder Grade I Injuries With or Without Complaint of Back Symptoms Superintendent's Guideline No. 01/03, July 2003.

This Guideline is intended to set out what goods and services may be provided without insurer approval to an insured person described below who has sustained a Whiplash Associated Disorder Grade I as described below, with or without back pain, and the cost of such services payable by the insured person's insurer.

This Guideline reflects a consensus between regulated health professionals and insurers and will be subject to review and revision as required over time.

## **2. Impairments that come within this Guideline**

Subject to the exceptions listed in Section 3, below, an insured person's impairment comes within this Guideline if, after being assessed within 21 days of the accident, the insured person is determined to have an injury that:

- (a) resulted from an acceleration-deceleration mechanism of energy transfer to the neck, presents as a complaint of neck pain, stiffness, or tenderness only, with no physical signs, and therefore meets the criteria for "Whiplash Associated Disorder Grade I" (also known as "WAD I") set out in the Société de l'assurance automobile du Québec's Task Force Report titled *Redefining "Whiplash" and its Management*, published in the April 15, 1995 edition of *Spine*, and/or a complex of common symptoms associated with whiplash;<sup>1</sup>
- (b) may include a complaint of non-radicular back pain associated with the WAD I; and
- (c) is of sufficient severity that it requires the physical treatment interventions provided under this Guideline.

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<sup>1</sup> If the insured person also presents with overt musculoskeletal sign(s), including decreased range of motion or point tenderness, refer to the Pre-approved Framework Guideline for WAD II Injuries with or Without Complaint of Back Symptoms.

An insured person who has sustained an impairment covered by this Guideline may exhibit other common symptoms including: shoulder pain; referred arm pain (not from radiculopathy); dizziness; tinnitus; headache; difficulties with hearing and memory acuity; dysphagia; and temporomandibular joint pain. These additional symptoms would not exclude an impairment from this Guideline unless they require separate treatment from that provided under this Guideline.

### **3. Impairments that do not come within this Guideline**

An insured person's impairment does not come within this Guideline if:

- (a) the insured person's impairment comes within the WAD II Pre-approved Framework Guideline; or
- (b) despite being assessed within 21 days of the injury as having an injury described in Section 2, there are specific pre-existing occupational, functional or medical circumstances of the insured person that:
  - i. significantly distinguish the insured person's needs from the needs of other persons with similar impairments that come within this Guideline; and
  - ii. constitute compelling reasons why other proposed goods or services are preferable to those provided for under this Guideline.

### **4. Role of the initiating health practitioner**

The initiating health practitioner:

- (a) is a health practitioner as defined by the SABS who is authorized by law to treat the injury and has the ability to deliver all the goods and services provided for in this Guideline;
- (b) initiates treatment by submitting a Treatment Confirmation Form;
- (c) provides a significant portion of the goods and services;
- (d) may co-ordinate the provision of any goods and services covered by this Guideline and provided to the insured person by another regulated health professional, or directly supervise the provision of any additional goods and services to the insured person by an unregulated health provider, where such treatment is needed by the insured person and is provided under this Guideline;
- (e) shall have overall accountability for:
  - i. assessing the need for and implementing goods and services such that the treatment elements in this Guideline are addressed as required and appropriate;
  - ii. ensuring the use of the most appropriate provider(s);
  - iii. documenting, communicating and billing as required by the Guideline;

- iv. reporting outcomes to the insured person and insurer when treatment is inappropriate or ceases;
  - v. participating in monitoring the effectiveness of the Guideline by fully completing the forms required by this Guideline; and
- (f) determines the presence of any barriers which might delay recovery.

## **5. Providers covered by this Guideline**

The initiating health practitioner may include treatment by other providers in the Treatment Confirmation Form. This Guideline covers treatment by the initiating health practitioner and other providers, including unregulated providers where the treatment is directly supervised by a regulated health professional and is not a controlled act as defined by the *Regulated Health Professions Act, 1991*.

## **6. Switching initiating health practitioners**

If for any reason, an insured person receiving treatment under this Guideline wishes to change his or her initiating health practitioner, the insured person and the new practitioner must inform the insurer through submission of a new Treatment Confirmation Form. In the new Treatment Confirmation Form, the insured person will give consent for the insurer to contact the original initiating health practitioner to determine what goods and services referred to in the original Treatment Confirmation Form have not been provided and the insurer will then fill in this amount in Part 9 of the Form.

## **7. Treatment covered by this Guideline**

There will typically be one Treatment Confirmation Form which will be prepared by the initiating health practitioner.

Treatment commences with the first assessment of the insured person by the initiating health practitioner.

Treatment will have a duration of up to 28 days.

Regulated health professionals are expected to assess the insured person, develop a plan of treatment and provide up to 9 monitoring/treatment sessions for insured persons covered by this Guideline.

The focus of the Guideline is on maintaining normal activities and reducing the risk of chronicity.

From the outset, the insured person will be encouraged to maintain normal activities. The emphasis in the first week will be on assessment, education, reassurance, and pain control. Throughout treatment, emphasis will be put on the insured person's being in charge of his or her recovery and on carrying on with normal activities. The frequency of provider interventions will diminish as the insured person progresses.

If prescription medication is needed, a referral to a physician or nurse practitioner is necessary. Regulated health professionals may provide general information on the use of over-the-counter medications, but insured persons should be encouraged to consult a physician, nurse practitioner, or pharmacist on the specific use of these medications.

The course of treatment may involve the following: reassurance, pain control, mobilization/manipulation, education, and activation (normal daily activities and active exercise).

Education materials titled *Getting the Facts About Whiplash*, developed by regulated health professionals and the insurance industry, will be provided by the initiating health practitioner to all insured persons covered by this Guideline. This material may be found in Appendix D.

The importance of positive messaging is recognized, and it is therefore expected that, at the initial visit and assessment and at subsequent visits, the insured person will be provided with:

- education regarding “hurt does not equal harm;” and
- reassurance that most people with WAD I and associated complaints of back symptoms recover within the first few weeks following the injury.

Not all individuals with WAD I will require any or all of the goods and services included within this Guideline. The provider is responsible for determining the need for goods and services and whether the prescribed goods and services are producing significant progress toward recovery and should be continued under the Guideline. If the insured person has recovered before the completion of the treatment outlined in this Guideline, the insured person should be discharged from treatment.

## **8. Supplementary goods and/or services**

Without prior insurer approval, the initiating health practitioner may provide supplementary goods and/or services where they are needed for the management of one or more minor soft tissue injury/ies which:

- (a) resulted from the same accident as the WAD I and requires treatment;
- (b) is/are unrelated to the WAD I with or without back pain and its common symptoms;
- (c) is/are not of sufficient severity to exclude the insured person’s impairment from this Guideline; and
- (d) can be fully treated by the provider within the time frame of this Guideline.

The impairment addressed and the services and/or goods must be specified on the Treatment Confirmation Form and the maximum total cost payable by the insurer for the goods and services provided under this section is \$120.

## **9. Treatment deemed insufficient or inappropriate**

If the initiating health practitioner determines that the treatment under this Guideline is no longer appropriate or sufficient for the insured person because the insured person is not making sufficient progress towards recovery, the initiating health practitioner will advise the insurer and the insured person (using the WAD I/WAD II PAF Discharge & Status Report form). The initiating health practitioner's options then are as follows:

- (a) submit a Treatment Plan;
- (b) submit a Treatment Plan and make a referral to the insured person's physician or another regulated health professional; or
- (c) make a referral to the insured person's physician or other health care professional.

While treatment/referral decisions are being considered, the initiating health practitioner may:

- (d) stop the treatment where it is not appropriate (or no longer needed); or
- (e) continue treatment until a decision is reached on the action recommended by the initiating health practitioner or until the end of the treatment covered by this Guideline.

The SABS provides that an insurer may reject a Treatment Plan that provides for goods and services to be received during any period in which the insured person is receiving goods and services under this Guideline and the insurer's determination is not subject to dispute.

However, the SABS also provides that nothing prevents an insured person, while receiving goods and services under this Guideline, from submitting a Treatment Plan applicable to a period other than the period covered by this Guideline. If the insurer does not approve the Treatment Plan within the time period prescribed in the SABS, that dispute may proceed to a Designated Assessment Centre for review.

## **10. Completing the treatment under this Guideline**

Upon completion of treatment, the initiating health practitioner will prepare a final report which will indicate the insured person's outcomes from treatment.

If an insured person elects to end treatment under this Guideline, the insured person may only resume treatment at a later date if this will not extend the overall duration and expenditure limits of the Guideline.

When an insured person is receiving treatment under the Guideline, the termination options are:

- i. Resolved and discharged within 4 weeks (WAD I/WAD II PAF Discharge & Status Report form completed by initiating health practitioner);
- ii. Condition improving, but improvement is insufficient at the end of the treatment (further or other treatment beyond the Guideline is dependent upon the Treatment Plan application and approval process of the SABS);
- iii. Not resolving (decision made as soon as possible) and the initiating health practitioner completes the WAD I/WAD II PAF Discharge & Status Report form and discharges insured person;

- iv. Insured person unreasonably fails to participate in treatment. This may be inferred from the insured person's non-attendance at 2 consecutive appointments or 4 appointments overall without a reasonable explanation. Provider required to complete WAD I/WAD II PAF Discharge & Status Report form; or
- v. Insured person withdraws consent.

## **11. Reporting requirement for initiating health practitioners**

The initiating health practitioner is expected to establish clinical outcome goals for the insured person receiving treatment under this Guideline that are consistent with the goals of return to normal activities in the early stages of recovery and reducing the risk of chronicity. Throughout the course of treatment the initiating health practitioner is expected to use appropriate measures/indicators to evaluate progress towards achievement of these goals.

For the purposes of documenting the impact of the Guidelines on an insured person whose impairment comes within this Guideline and contributing to the overall evaluation of the Guideline, the initiating health practitioner must complete the WAD I/WAD II PAF Discharge & Status Report form.

## **12. Provider reimbursement**

An initiating health practitioner who provides a good and/or service to an insured person in accordance with the Guideline must submit a Treatment Confirmation Form not later than 5 business days after first seeing the insured person.

The SABS provides that the insurer must confirm to the initiating health practitioner no later than 5 business days after receiving the Treatment Confirmation Form, that the auto insurance policy referenced to in the Treatment Confirmation Form was in force on the date of the accident. Payment to the initiating health practitioner may be denied due to coverage issues or exclusions set out in the SABS.

The insurer's payment will follow receipt of a completed Treatment Confirmation Form, Application for Accident Benefits and Auto Insurance Standard Invoice, Version C. The insurer is not obliged to make payment until after the insurer has received an Application for Accident Benefits.

In the case of the final invoice, the insurer's payment will follow receipt of a WADI/WAD II PAF Discharge & Status Report and Auto Insurance Standard Invoice, Version C.

### **13. Content of appendices**

Appendix A sets out the payment schedule in chart form.

Appendix B sets out an overview of the expected course of treatment for an insured person whose impairment comes within this Guideline. Providers will individualize these treatment directives for the needs of each insured person.

Appendix C sets out what goods/services an insurer is not obliged to fund pursuant to this Guideline for an insured person whose impairment comes within this Guideline.

Appendix D contains the educational brochure titled *Getting the Facts About Whiplash*.



## **Appendix A - WAD I Payment Schedule**

Health care providers are entitled to the following payments for treatment of an insured person whose impairment comes within this Guideline. Fees are payable where the insured person has received any treatment in that block, including where treatment has been discontinued.

Weeks 1 and 2	\$296
Discharge anytime during weeks 1 or 2 or at end of week 2, completion of discharge report and monitoring	\$152
Weeks 3 and 4	\$160
Final assessment and completion of discharge report	\$80
Supplementary goods and services	\$120
Transfer fee if changing initiating health practitioner	\$48

## Appendix B - WAD I Course of treatment

Weeks 1 and 2	Goods/Services
<u>Initial Visit:</u>	<ul style="list-style-type: none"> <li>• Up to 4 monitoring/treatment sessions expected in this block</li> <li>• Conduct assessment including history and physical examination to determine that criteria are met for inclusion in the Guideline, relationship of complaints to the accident, the need for the recommended goods and services and identification of any potential barriers to recovery</li> <li>• Complete Treatment Confirmation Form</li> </ul>
<u>Initial and Subsequent Visits:</u>	<ul style="list-style-type: none"> <li>• Provide advice and reassurance to maintain usual activities without interruption</li> <li>• Review "Getting the Facts about Whiplash"</li> <li>• Manage pain as appropriate (may require physician referral)</li> <li>• Prescribe mild home exercise to maintain range of motion</li> <li>• Initiate manipulation/mobilization, if appropriate, to maintain function</li> <li>• If unexpectedly unable to perform pre-accident activities at home or work, advise insurer and make recommendation to the insured person and/or insurer</li> </ul>
<u>Considerations for Providers at the End of Week 2:</u>  If WAD I improving but further goods and services required:	<ul style="list-style-type: none"> <li>• Provide advice and reassurance to encourage maintenance of usual activities</li> <li>• Manage pain as appropriate</li> <li>• Prescribe mild home exercise, and if necessary provide mild supervised exercise</li> <li>• Utilize manipulation/mobilization and/or physical therapies if required as part of a strategy that promotes activation</li> </ul>
<u>Considerations for Providers at the End of Week 2:</u>  If WAD I not resolving or improving:	<ul style="list-style-type: none"> <li>• Re-evaluate and advise insurer</li> </ul>
If discharged during Week 1 or 2:	<ul style="list-style-type: none"> <li>• Discharge from treatment with advice and reassurance</li> <li>• Complete WAD I/II PAF Discharge &amp; Status Report</li> <li>• Monitor insured person</li> </ul>

<b>Weeks 3 and 4:</b>	<ul style="list-style-type: none"> <li>• At or about day 15 evaluate progress and plan for the next 13 days</li> <li>• Up to 5 treatment sessions expected in weeks 3 and 4</li> </ul>
If WAD I resolution expected without further goods and services:	<ul style="list-style-type: none"> <li>• Discharge from treatment with advice and reassurance, and</li> <li>• Monitor insured person</li> </ul>
If WAD I resolution expected by the end of the treatment under the Guideline:	<ul style="list-style-type: none"> <li>• Provide advice and reassurance to encourage maintenance of usual activities</li> <li>• Manage pain as appropriate</li> <li>• Prescribe mild home exercise, and if necessary provide supervised exercise</li> <li>• Utilize manipulation/mobilization or physical therapies if required as part of a strategy that promotes activation and mobility</li> </ul>
If WAD I is resolving or improving but resolution not expected by end of treatment under this Guideline:	<ul style="list-style-type: none"> <li>• Provide advice and reassurance to encourage maintenance of usual activities</li> <li>• If activities of daily living are affected, advise insurer and make recommendations to the insured person and insurer for a course of action</li> <li>• Manage pain as appropriate</li> <li>• Prescribe mild home exercise</li> <li>• Consider more intensive manipulation/mobilization or physical therapy as part of a strategy that promotes normal activities</li> </ul>
If WAD I not resolving or improving:	<ul style="list-style-type: none"> <li>• Advise insurer and insured person's treating health practitioner</li> <li>• Reassess</li> <li>• Submit Treatment Plan and/or refer to appropriate regulated health professional</li> </ul>
Completion of Week 4:	<ul style="list-style-type: none"> <li>• Final assessment and report to insurer and insured person using WAD I/WAD II PAF Discharge and Status Report</li> </ul>

## **Appendix C - Goods and services not covered in the Guideline**

An insurer is not obliged to pay pursuant to this Guideline for the following goods/services rendered to an insured person with an impairment that comes within this Guideline:

- Cervical pillows;
- Advice supporting inactivity or bedrest;
- Injections of anesthetics, sterile water or steroids to the neck;
- Soft collar;
- Spray and stretch; and
- Magnetic necklaces.

## **Appendix D - Getting the Facts about Whiplash**

### **Getting the facts about Whiplash: Grades I and II**

People injured in car accidents sometimes experience a strain of the neck muscles and surrounding soft tissue, known commonly as whiplash. This injury often occurs when a vehicle is hit from the rear or the side, causing a sharp and sudden movement of the head and neck. Whiplash may result in tender muscles (Grade I) or limited neck movement (Grade II). This type of injury is usually temporary and most people who experience it make a complete recovery. If you have suffered a whiplash injury, knowing more about the condition can help you participate in your own recovery. This brochure summarizes current scientific research related to Grade I and II whiplash injuries.

### **Understanding Whiplash**

- Most whiplash injuries are not serious and heal fully.
- Signs of serious neck injury, such as fracture, are usually evident in early assessments. Health care professionals trained to treat whiplash are alert for these signs.
- Pain, stiffness and other symptoms of Grades I or II whiplash typically start within the first 2 days after the accident. A later onset of symptoms does not indicate a more serious injury.
- Many people experience no disruption to their normal activities after a whiplash injury. Those who do usually improve after a few days or weeks and return safely to their daily activities.
- Just as the soreness and stiffness of a sprained ankle may linger, a neck strain can also feel achy, stiff or tender for days or weeks. While some patients get better quickly, symptoms can persist over a longer period of time. For most cases of Grades I and II whiplash, these symptoms gradually decrease with a return to activity.

### **Daily Activity and Whiplash**

- Continuing normal activities is very important to recovery.
- Resting for more than a day or two usually does not help the injury and may instead prolong pain and disability. For whiplash injuries, it appears that "rest makes rusty."
- Injured muscles can get stiff and weak when they're not used. This can add to pain and can delay recovery.
- A return to normal activity may be assisted by active treatment and exercises.
- Cervical collars, or "neck braces," prevent motion and may add to stiffness and pain. These devices are generally not recommended, as they have shown little or no benefit.
- Returning to activity maintains the health of soft-tissues and keeps them flexible - speeding recovery. Physical exercise also releases body chemicals that help to reduce pain in a natural way.
- To prevent development of chronic pain, it is important to start moving as soon as possible.

### **Tips For Return To Activity**

- Avoid sitting in one position for long periods.
- Periodically stand and stretch.
- Sit at your workstation so that the upper part of your arm rests close to your body, and your back and feet are well supported.
- Adjust the seat when driving so that your elbows and knees are loosely bent.
- When shopping or carrying items, use a cart or hold things close to the body for support.
- Avoid contact sports or strenuous exercise for the first few weeks to prevent further injury. Ask your health professional about other sporting or recreational activities.
- Make your sleeping bed comfortable. The pillow should be adjusted to support the neck at a comfortable height.

### **Treating Whiplash**

- Research indicates that successful whiplash treatment requires patient cooperation and active efforts to resume daily activity.
- A treating health care professional will assess your whiplash injuries, and discuss options for treatment and control of pain.
- Although prescription medications are usually unnecessary, temporary use of mild over-the-counter medication may be suggested, in addition to ice or heat.
- Your treating health care professional may recommend appropriate physical treatment.

### **Avoiding Chronic Pain**

- Some whiplash sufferers are reluctant to return to activity, fearing it will make the injury worse. Pain or tenderness may cause them to overestimate the extent of physical damage.
- If your health professional suggests a return to activity, accept the advice and act on it.
- Stay connected with family, friends and co-workers. Social withdrawal can contribute to depression and the development of chronic pain.
- If you are discouraged or depressed about your recovery, talk to your health professional.
- Focus on getting on with your life, rather than on the injury!

### **Preventing Another Whiplash Injury**

- Properly adjusting the height of your car seat head restraint (head rest) will help prevent whiplash injury in an accident. In an ideal adjustment, the top of the head should be in line with the top of the head restraint and there should be no more than 2 to 5 cm between the back of the head and the head restraint.

This brochure provides general information about whiplash injuries. It does not replace advice from a qualified health care professional who can properly assess a whiplash injury and recommend treatment.

The information highlights the latest available scientific research on whiplash and has been endorsed by the following groups:

Insurance Bureau of Canada (IBC)  
Ontario Chiropractic Association (OCA)  
Ontario Massage Therapist Association (OMTA)  
Ontario Physiotherapy Association (OPA)  
Ontario Society of Occupational Therapists (OSOT)