Financial Services Commission of Ontario

Commission des services financiers de l'Ontario

Pre-approved Framework Guideline for Grade I and II Whiplash Associated Disorders

Superintendent's Guideline No. 06/07

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Pre-approved Framework Guideline for
Grade I and II Whiplash Associated Disorders

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 replaces the Pre-approved Framework Guideline for Whiplash Associated Disorder Grade I Injuries With or Without Complaint of Back Symptoms - Superintendent's Guideline No. 04/07, June, 2007 and the Pre-approved Framework Guideline for Whiplash Associated Disorder Grade II Injuries With or Without Complaint of Back Symptoms - Superintendent's Guideline No. 05/07, June, 2007.

For the purposes of this Guideline, the terms "injury" and "injuries" have the same meaning as "impairment" and "impairments" respectively, and "regulated health professional" has the same meaning as "member of a health profession" as defined in the SABS.

This Guideline is effective for new Pre-approved Framework (PAF) Treatment Confirmation Forms (OCF-23) that are submitted by a health practitioner on or after October 1, 2007, or when the insurer has waived the requirement for an OCF-23 on or after October 1, 2007. The previous WAD I and WAD II Guidelines remain in effect for OCF-23 forms that are submitted by a health practitioner before October 1, 2007, or when the insurer has waived the requirement for an OCF-23 before October 1, 2007.

The objective of this Guideline is to:

a) Speed access to rehabilitation for persons involved in auto accidents;
b) Improve utilization of health care resources; and
c) Provide certainty around cost and payment for insurers and health practitioners.

Consistent with these objectives, this Guideline sets out:

a) The goods and services that may be provided to an insured person who has sustained a Grade I or Grade II Whiplash Associated Disorder (WAD I or WAD II); and
b) The goods and services that, if provided to the insured person, will be paid for by the insurer without insurer approval.

This Guideline is focussed on the application of a **functional restoration approach,** in addition to the provision of interventions to reduce or manage pain or disability, in the management of Grade I and Grade II Whiplash Associated Disorders in the acute and sub-acute phases of the injury.

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 he/she has a WAD I or WAD II injury.

The insured person may experience complaints and/or symptoms associated with a WAD I or WAD II injury such as: non-radicular back symptoms, shoulder pain, referred arm pain (not from radiculopathy), dizziness, tinnitus, headache, difficulties with hearing and memory acuity, dysphagia and temporomandibular joint pain. The Guideline shall continue to apply to insured persons who experience additional complaints and/or symptoms as long as the health practitioner believes that these complaints and/or symptoms can be effectively managed within the timeframe and scope of the Guideline interventions.

3. Impairments that do not come within this Guideline

An insured person's impairment does not come within this Guideline if the insured person has specific pre-existing and/or accident related occupational, functional or medical circumstances that:

A. Preclude the insured person from being able to fully participate in the functional restoration model; or

Require concurrent treatment in addition to the treatment that is provided within this Guideline,

and

B. Constitute compelling reasons why other goods or services are preferable to those provided for within this Guideline.

4. Providers able to deliver services within this Guideline

Providers who are able to deliver services within this Guideline are any health practitioners, as defined by the SABS, who are authorized by law to treat the injury and who have the ability to deliver the interventions included in this Guideline. The health practitioner may also co-ordinate the provision of services by other regulated health professionals, or may directly supervise the provision of services to the insured person by one or more other health providers.

5. Changing health practitioners within this Guideline

Insured persons who are already receiving services under this Guideline may occasionally decide to change their health practitioner. In this case, the new health practitioner will inform the insured person's insurer, who will advise the new health practitioner as to what services

have already been provided under the Guideline. The health practitioner will then resume delivery of Guideline services at whatever stage is most appropriate in meeting the insured person's needs. Payment of the new health practitioner will be limited to the balance of the remaining services under this Guideline.

6. Definitions

This Guideline is focussed on the application of a functional restoration approach in the management of Grade I and II Whiplash Associated Disorders in the acute and sub-acute phases of the injury.

For the purposes of this Guideline:

a) **Whiplash** refers to an acceleration-deceleration mechanism of energy transfer to the neck that may result in bony or soft-tissue injuries and may lead to a variety of clinical manifestations called Whiplash-Associated Disorders (WAD) as 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.

b) **WAD I or Grade I whiplash-associated disorder** refers to a disorder in which the insured person with a whiplash injury presents with complaints of neck pain, stiffness, or tenderness but has no physical signs or findings.

c) **WAD II or Grade II whiplash-associated disorder** refers to a disorder in which the insured person with a whiplash injury presents with complaints of neck pain, stiffness, or tenderness, as well as musculoskeletal sign(s), including decreased range of motion and/or point tenderness.

d) **Functional restoration** refers to an approach in which the regulated health professional is oriented toward function and to the delivery of interventions that help the insured person to reduce or manage his/her pain. Interventions are focused on what the insured person needs to do in order to function in his/her home and work environment. The insured person is assessed to determine the level of current functioning relative to these critical demands and any functional limitations that have arisen as a result of the injury. The interventions delivered by the regulated health professional are then designed to address these areas of limitation such that the individual will be able to maintain and/or resume normal activities at home and at work.

e) **The acute phase of treatment** refers to weeks 1 – 3 following the initial visit.

f) **The sub-acute phase of treatment** refers to weeks 4 – 6 following the initial visit.

g) **The post-PAF phase of treatment** refers to weeks 7 – 8 following the initial visit.

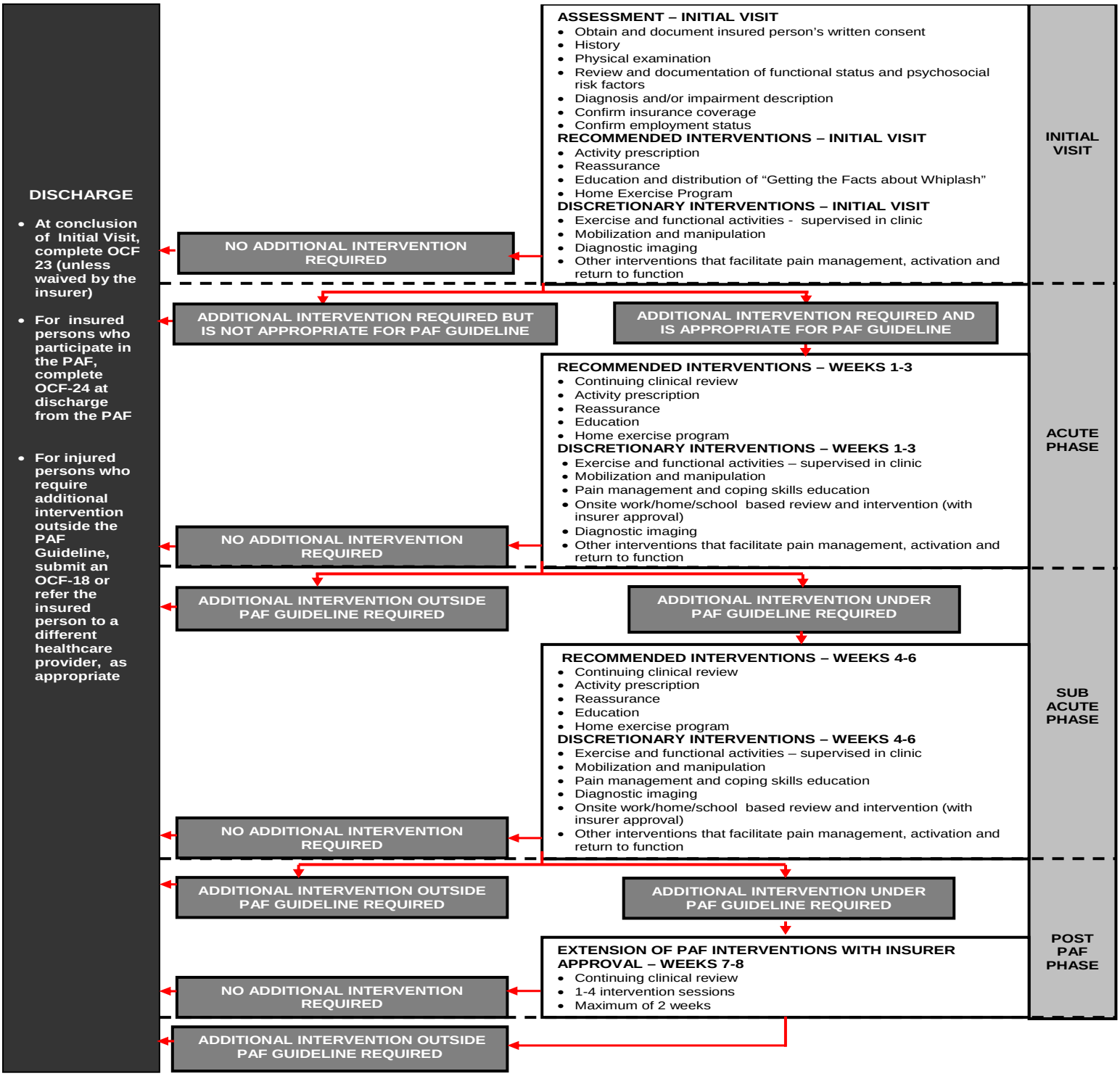
h) **Recommended interventions** refers to interventions that are ideally provided to the insured person by the health practitioner each time the insured person attends the health practitioner's clinic to receive PAF services.

i) **Discretionary interventions** refers to interventions that are not necessarily provided each time the insured person attends the health practitioner's clinic to receive PAF services, but rather are provided at the discretion of the health practitioner based upon the specific needs of the insured person. The use of the term "discretionary" to describe specific interventions that fall into this category **should not be interpreted** to mean that these interventions are less important in the treatment of the insured person.

7. PAF Guideline flowchart

The following flowchart represents both the elements and sequence of activities within this Guideline and is intended to be used as a visual guide and quick reference to those who are involved in the delivery and management of services under this Guideline. Each of the elements of this flowchart is described in more detail in the remainder of this document.

PAF Guideline Flowchart



8. The initial visit

a) Timing, duration and number of sessions during the initial visit

The initial visit and all components thereof, will take place on the same day and will ideally occur as soon as possible following the date of accident in order to be consistent with the scientific evidence and to support early/timely intervention. Health practitioners are encouraged to commence intervention during the initial visit.

b) Components of the initial visit

i. Assessment

In assessing the insured person, the health practitioner will be responsible for:

- **Undertaking a history, including:**
  - Demographics;
  - Prior history of injury, illness and/or disability;
  - Prior history of neck problems and/or whiplash injury;
  - Prior history of assessment and treatment;
  - Circumstances and mechanism of the current injury;
  - Symptoms associated with the current injury; and
  - Severity of symptoms associated with the current injury.

- **Completing a physical examination, including:**
  - Assessment of general condition;
  - Inspection;
  - Palpation for tender points;
  - Determination of range of motion;
  - Neurological examination; and
  - Assessment of associated injuries.

- **Reviewing and documenting functional status and psychosocial risk factors including:**
  - Changes in the insured person's functional status as a result of the injury and any associated functional limitations in his/her ability to perform work, home or school related functional demands;
  - Psychosocial issues experienced by the insured person as a result of the injury; and
  - Other risk factors that are complicating or acting as barriers to recovery from the injury.

  It is understood that the review and documentation of functional status and psychosocial risks factors is within the scope of practice of the health practitioner and does not involve a formal psychological assessment. While it is recommended that the health practitioner employ standardized tools and instruments in the review of functional status and psychosocial risk factors, the specific tools used are left to the discretion of the individual health practitioner.

- **Identifying the diagnosis and/or impairment description, including**;
  - The Primary Diagnosis/Impairment Description (ICD 10 Codes); and
  - The Secondary Diagnosis/Impairment Description (ICD 10 Codes).

- **Obtaining the insured person's informed consent to participate in the PAF and recording consent on the PAF Treatment Confirmation Form (OCF-23) (or elsewhere as appropriate if the insurer waives the requirement for the OCF-23)**

- **Through discussion with the insured person, confirming the insurance coverage (if known by the insured person) including:**
  - Obtaining the insured person's automobile insurance company, policy number and the name of the adjuster;
  - Determining if the insured person has any other insurance coverage for services (e.g. extended healthcare coverage); and
  - Determining if the insured person has contacted his/her insurance company. If contact with the insurance company has not yet occurred, the health practitioner will encourage the insured person to do so and to complete the Application for Accident Benefits (OCF–1).

- **Through discussion with the insured person, confirming the employment status to determine:**
  - If he/she was working at the time of the accident;
  - If he/she was a care giver at the time of the accident; and
  - If the injuries are preventing the insured person from fulfilling his/her work or care giving responsibilities.

ii. Recommended interventions during the initial visit

The interventions that are recommended during the initial visit include:

- **The activity prescription**
  The health practitioner will, as appropriate, encourage the insured person to remain active and maintain normal activities as an important factor in facilitating his/her recovery. In so doing, the health practitioner will focus on improvement in function and will encourage the adoption of an active, positive and realistic attitude toward recovery.

- **Reassurance**
  The health practitioner will, as appropriate, provide reassurance to the insured person regarding his/her injuries and the recovery process and will inform the insured person that most people with WAD I and WAD II are able to return to a pre-accident level of functioning within the first few weeks following the injury.

- **Education**
  The health practitioner will, as appropriate, distribute the brochure "Getting the Facts About Whiplash" (attached as Appendix A) and will educate the insured person regarding whiplash injuries, the symptoms that can be expected, the natural healing process and his/her prognosis for recovery.

- **Home exercise program**
  The health practitioner will, as appropriate, demonstrate and provide advice on how the insured person should safely and regularly exercise his/her neck. The health practitioner will customize an exercise program for the insured person to engage in at home, at work or at school.

iii. Discretionary interventions during the initial visit

The interventions that may be provided during the initial visit, at the discretion of the health practitioner, include:

- **Exercise and functional activities**
  If, based upon the initial assessment of the insured person, the health practitioner determines that the insured person would benefit from exercise and functional activities during the initial visit to facilitate his/her recovery and return to function, the health practitioner may provide these interventions. The types of exercises and functional activities should be based on the specific needs and functional requirements of the insured person and the clinical judgment of the health practitioner. The exercises and functional activities referred to in this section are supervised within the clinic environment and may include, but are not limited to:

  – Range of motion exercises;
  – Muscle re-education; and
  – Low load isometric exercise to restore appropriate muscle control and support to the cervical region.

- **Mobilization and manipulation**
  If, based upon the initial assessment of the insured person, the health practitioner determines that the insured person would benefit from mobilization and/or manipulation during the initial visit to facilitate his/her recovery and return to function, the health practitioner may provide these interventions. It should be noted that the scientific evidence indicates that during the acute phase, mobilization and manipulation are most effective in managing WAD I or WAD II when combined with exercise.

- **Diagnostic imaging**
  X-rays may be undertaken with the insured person without the prior approval of the insurer under the following circumstances:
  - The fees charged do not exceed those listed in Appendix C and any available funding from OHIP or collateral insurance is utilized before the insurer is charged;
  - No other comparable x-rays have been taken by another health practitioner or facility since the accident; and
  - The insured person displays one or more of the following:
    - Suspicion of a bony injury;
    - Suspicion of degenerative changes, instability or other conditions of sufficient severity that counter indications to one or more interventions must be ruled out;
    - Suspicion of rheumatoid arthritis;
    - Suspicion of osteoporosis; or
    - History of cancer.

- **Other interventions that facilitate pain management, activation and return to function**
  If, based upon the initial assessment of the insured person, the health practitioner determines that the insured person would benefit from other specific interventions to facilitate pain management, activation and return to function, these interventions may be provided during the initial or subsequent visits. This may include, but not be limited to massage therapy. The health practitioner should keep in mind the scientific evidence regarding the most appropriate interventions in the management of WAD I or WAD II injuries during the acute phase. The scientific evidence also indicates that interventions such as advice to rest and continuous use of a soft collar are contraindicated in the management of this population.

c) Recommendations for intervention based on the initial visit

Based upon the assessment of the insured person, the health practitioner will determine which of the following statements describes the recommendations for intervention at the conclusion of the initial visit:

i. No additional intervention is required;
ii. Additional intervention is required and is appropriate for this Guideline (therefore the insured person's impairment comes within the Guideline); or
iii. Additional intervention is required but is not appropriate for this Guideline (i.e., the insured person's impairment does not come within the Guideline for the reasons described in paragraph 3 of this Guideline).

d) Documentation and invoicing at the conclusion of the initial visit

At the conclusion of the initial visit, the health practitioner will complete and submit the OCF-23 (unless the insurer has waived the requirement for the OCF-23).

At the conclusion of the initial visit, the health practitioner may complete and submit the Auto Insurance Standard Invoice (OCF-21C) in order to generate a payment for the initial visit.

e) Fee for the initial visit (see Appendix B - PAF Fee Schedule)

The fee that will be paid for the initial visit is $204.00. This fee will be inclusive of all assessment and intervention services provided during the initial visit. The fee will be payable regardless of how many or what types of interventions are provided during the initial visit.

9. The acute phase

The insured person continues on to the acute phase of the Guideline if, based upon the assessment undertaken during the initial visit, the health practitioner determines that the Guideline applies to the insured person, and the insured person requires intervention under this Guideline to facilitate recovery and return to function.

a) Timing, duration and number of sessions in the acute phase

The acute phase will typically not exceed three weeks in duration and will ideally occur during weeks one, two and three following the date of accident in order to be consistent with the scientific evidence and to support early/timely intervention.

The sessions during the acute phase are in addition to any intervention provided during the initial visit. It is expected that the regulated health professional will deliver up to 10 sessions in the acute phase. The actual number of sessions delivered and how frequently they occur is based upon the needs of the insured person and the clinical judgement of the regulated health professional.

b) Components of the acute phase

i. Recommended interventions during the acute phase

- **Continuing clinical review**
  Throughout the acute phase, the health practitioner will regularly review the clinical status of the insured person and his/her progress toward functional restoration. Based upon the continuing clinical review, the health practitioner will make any necessary modifications in the approach to intervention.

- **Activity prescription (as described above under the initial visit)**
- **Reassurance (as described above under the initial visit)**
- **Education (as described above under the initial visit)**
- **Home exercise program (as described above under the initial visit)**

ii. Discretionary interventions during the acute phase

- **Exercise and functional activities (as described above under the initial visit)**
- **Mobilization and manipulation (as described above under the initial visit)**
- **Pain management and coping skills education**
  If, based upon the initial assessment and/or continuing clinical review during the acute phase, the health practitioner identifies that the insured person is displaying signs of distress or difficulties coping with the effects of his/her injury, the health practitioner may introduce pain management and coping skills education to address these barriers to recovery. It is recommended that the health practitioner employ a standardized approach to pain management and coping skills education however the specific approach is left to the discretion of the individual health practitioner.
- **Diagnostic imaging (as described above under the initial visit)**
- **Ancillary goods or services**
  With prior insurer approval, certain ancillary goods or services may be provided by a regulated health professional while the insured person continues to be covered by this Guideline.

  For the purposes of this Guideline, the ancillary goods or service which may be requested in the acute phase is the **onsite work/home/school based review and intervention.**

  The onsite work/home/school based review and intervention is specifically intended to address the insured person's functional issues and promote return to function. It is expected that this service will be required under this Guideline only when the insured person is experiencing significant challenges performing his/her functional requirements at work, at home or at school.

In the event that the initial assessment and/or continuing clinical review during the acute phase reveals that the insured person is encountering significant issues performing functional tasks at work, at home or at school as a result of his/her injuries, an onsite work/home/school based review and intervention may be indicated. In such cases, the health practitioner will, in accordance with Section 37.2 of the SABS, request prior approval from the insurer on the OCF-23 (unless the requirement for the OCF-23 has been waived by the insurer). If the need for the onsite work/home/school based review and intervention is identified after the initial OCF-23 has been submitted to the insurer, then prior approval for this service will be requested on a separate OCF-23 (unless the requirement for the OCF-23 has been waived by the insurer).

In delivering the onsite work/home/school based review and intervention, the regulated health professional will first undertake an onsite review of the workplace, home or school environment to gain a greater understanding of the significant challenges encountered by the insured person. The insured person will be present during the intervention. Based upon this review, the regulated health professional will intervene appropriately to address any challenges identified with the insured person. Related interventions may include, but are not limited to:

- Contacting the employer or school administrator (with the insured person's consent prior to application being made) to gain permission to conduct an onsite visit and to obtain information, such as a job description, where available.
- Recommending provision of aids and/or devices;
- Recommending minor modifications to the home, workplace or school environment;
- Providing instruction in compensatory strategies or alternate approaches to fulfilling functional tasks; and/or
- Assigning specific functional activities to build up tolerances.

The regulated health professional will document the onsite work/home/school based review and intervention, along with evidence of associated consents, on the insured person's file. The format used for this documentation is left to the clinical judgement of the regulated health professional and the requirements of their health regulatory college. The insurer may, from time to time, ask to review a copy of this documentation. The regulated health professional will also summarize the onsite work/home/school based review and intervention on the Pre-approved Framework Extension Request and Discharge Report (OCF-24).

The onsite work/home/school based review and intervention is not an assessment for the purposes of determining eligibility for housekeeping, attendant care or income replacement benefits.

- **Other Interventions that will facilitate pain management, activation and return to function (as described above under the initial visit)**

c) Supplementary goods and services during the acute phase

There may be occasions when the insured person experiences minor secondary injuries and/or symptoms that are not related to the WAD I or WAD II injury that require supplementary goods and/or services. In such cases, the health practitioner may provide the supplementary goods and/or services that are deemed necessary, up to a maximum cost of $166.79, without prior approval of the insurer, providing these secondary injuries/symptoms:

i. Resulted from the same accident as the WAD I or WAD II;
ii. Are not of sufficient type or severity to require goods or services beyond those available within this Guideline; and
iii. Can be adequately addressed within the Guideline.

d) Discharge status during or at the conclusion of the acute phase

Based upon continuing clinical review of the insured person and his/her progress during the acute phase, the health practitioner will determine which of the following statements describes the insured person's status when discharged during or at the conclusion of the acute phase:

i. No additional intervention is required (specify functional and employment status on the OCF-24);
ii. Additional intervention under this Guideline is required;
iii. Additional intervention outside this Guideline is required; or
iv. The insured person has been discharged from the PAF because he/she is non-compliant, is not attending sessions or voluntarily withdrew from the PAF.

e) Documentation and invoicing following the acute phase

The documentation that is required at the conclusion of the acute phase is determined by the insured person's discharge status, as described below**.**

i. If, after the acute phase, **no additional intervention is required**, the health practitioner will submit the OCF-24 with all the relevant sections completed.

   The health practitioner will also submit an OCF-21C to bill for the goods and services delivered during the acute phase. This OCF- 21C must be submitted with the completed OCF-24.

ii. If, after the acute phase, **additional intervention under this Guideline is required,** the insured person will continue on to the sub-acute phase and therefore an OCF-24 is not required at this point.

The health practitioner may submit the OCF-21C to bill for goods and services delivered during the acute phase or may wait until the insured person is discharged from the PAF to submit the OCF-21C.

iii. If after the acute phase, **additional intervention outside this Guideline is required,** the health practitioner will submit the OCF-24 with the relevant sections completed.

The health practitioner will also submit an OCF-21C to bill for the goods and services delivered during the acute phase. This OCF- 21C must be submitted with the completed OCF-24.

The health practitioner will also inform the insurance company of the intervention outside of the PAF Guideline that is recommended for the insured person via submission of an OCF-18 or will refer the insured person to another health practitioner, as appropriate.

iv. If during the acute phase, **the insured person has been discharged from the PAF because he/she is non-compliant, is not attending sessions or voluntarily withdrew from the PAF,** the health practitioner will submit the OCF-24 with all relevant sections completed.

The health practitioner will also submit an OCF-21C to bill for the goods and services delivered during the acute phase. This OCF- 21C must be submitted with the completed OCF-24.

f) Fees for the acute phase (see Appendix B - PAF Fee Schedule)

The block fee that will be paid for the acute phase is $496.52. This fee is payable regardless of the type and number of interventions provided and the number of sessions that the insured person attends.

The block fee that will be paid when the onsite work/home/school based review and intervention is delivered is $408.00 plus travel and mileage at a rate agreed upon at the time the intervention is approved by the insurer. The onsite work/home/school based review and intervention fee may be billed only once under this Guideline. That is, if this fee is billed during the acute phase, it cannot be billed again during the sub-acute phase.

The fee for completion of the Pre-approved Framework Extension Request and Discharge Report (OCF-24) is $83.40. This fee will be billed once under this Guideline when the insured person is discharged from the PAF.

The maximum fee for supplementary goods and services under this Guideline is $166.79 and the transfer fee, if an insured person changes his/her PAF health practitioner, is $50.00.

10. The sub-acute phase

The insured person continues on to the sub-acute phase of the Guideline if, based upon the continuing clinical review undertaken during the acute phase, the health practitioner determines that the Guideline continues to apply to the insured person and the insured person requires additional PAF intervention to facilitate recovery and return to function.

a) Timing, duration and number of sessions during the sub-acute phase

The sub-acute phase will typically not exceed three weeks in duration and will ideally occur during the fourth, fifth and sixth weeks following the date of accident in order to be consistent with the scientific evidence and to support early/timely intervention.

It is expected that the health practitioner will deliver up to 9 sessions in the sub-acute phase. The actual number of sessions delivered and how frequently they occur is based upon the needs of the insured person and the clinical judgement of the health practitioner.

b) Components of the sub-acute phase

i. Recommended interventions during the sub-acute phase

- Continuing clinical review (as described above under the acute phase)
- Activity prescription (as described above under the initial visit)
- Reassurance (as described above under the initial visit).
- Education (as described above under the initial visit)
  .
- Home exercise program (as described above under the initial visit)

ii. Discretionary interventions during the sub-acute phase

- Exercise and functional activities (as described above under the initial visit)
- Mobilization and manipulation (as described above under the initial visit)
- Pain management and coping skills education (as described above under the acute phase)
- Diagnostic imaging (as described above under the initial visit)
- Ancillary goods or services (as described above under the acute phase)
- Other Interventions that will facilitate pain management, activation and return to function (as described above under the initial visit)

c) Supplementary goods and services during the sub-acute phase (as described above under the acute phase)

d) Discharge status during or at the conclusion of the sub-acute phase

Based upon continuing clinical review of the insured person and his/her progress during the sub-acute phase, the health practitioner will determine which of the following statements describes the insured person's status when discharged during or at the conclusion of the acute phase:

i. No additional intervention is required (specify functional and employment status on the OCF-24);
ii. Additional intervention is required under the PAF Guideline, and therefore an extension of the PAF is required;
iii. Additional intervention is required outside the PAF Guideline; or
iv. The insured person has been discharged from the PAF because he/she is non-compliant, is not attending sessions or voluntarily withdrew from the PAF.

e) Documentation and invoicing following the sub-acute phase

The documentation that is required at the conclusion of the sub-acute phase is determined by the insured person's discharge status and is as described above under the acute phase.

However, if after the sub-acute phase, **additional intervention under this Guideline is required,** the health practitioner may seek approval from the insurer for an extension of PAF interventions without the need to submit an OCF-23 under section 37.2 of the SABS (Ancillary Goods or Services). If this approval is granted, it is not necessary for the health practitioner to submit the OCF-24 or the OCF-21C at this point given that the insured person will continue on to the post PAF phase. If the insurer does not grant approval for the extension without an OCF-23, the health practitioner may submit an OCF-23 under s. 37.2 of the SABS, or may proceed with submission of the OCF-24 and OCF-21C.

f) Fees for the sub-acute phase (see Appendix B - PAF Fee Schedule)

The fee that will be paid for the sub-acute phase is $425.32. This is a block fee that is payable regardless of the type and number of interventions provided and regardless of the number of sessions that the insured person attends.

All other fees (i.e. for onsite work/home/school based review and intervention, forms completion, supplementary goods and services, transfer of health practitioner) are as described in the acute phase and as reflected in the PAF fee schedule (Appendix B).

11. The post PAF phase

The requirement for an extension of PAF services will only occur when, based upon the continuing clinical review during the sub-acute phase, the health practitioner believes that up to four more PAF interventions are required in order to resolve the injury and for the insured person to successfully return to function. **Approval of the insurer, in accordance with section 37.2 of the SABS, is required for all extensions of PAF services in the post PAF phase.**

a) Timing, duration and number of sessions during the post PAF phase

The post PAF phase will typically not exceed two weeks in duration and will ideally occur during the seventh and eighth week following the date of accident in order to be consistent with the scientific evidence and to support early/timely intervention.

It is expected that the health practitioner will deliver up to 4 sessions in the post PAF phase. The actual number of sessions delivered and how frequently they occur is based upon the needs of the insured person and the clinical judgement of the health practitioner.

b) Components of the post PAF phase

The only component of the post PAF phase is the delivery of up to four additional PAF interventions deemed appropriate and necessary by the health practitioner in order to facilitate the insured person's recovery and return to function.

c) Discharge status during or at the conclusion of the post PAF phase

Based upon continuing clinical review of the insured person and his/her progress during the post PAF phase, the health practitioner will determine which of the following statements describes the insured person's status when discharged during or at the conclusion of the post PAF phase:

i. No additional intervention is required (specify functional and employment status on the OCF-24);
ii. Additional intervention outside of this Guideline is required; or
iii. The insured person has been discharged from the PAF because he/she is non-compliant, is not attending sessions, or voluntarily withdrew from PAF.

d) Documentation and invoicing following the post PAF phase

The documentation that is required at the conclusion of the post PAF phase is determined by the insured person's discharge status, as is described above under the acute phase.

e) Fees for the post PAF phase (see Appendix B - PAF Fee Schedule)

The fee that will be paid during the post PAF phase is $45.90 per session to a maximum of $183.60 for the entire post PAF phase. All other fees (i.e. onsite work/home/school based review and intervention, forms completion, supplementary goods and services, transfer of health practitioner) are as described in the acute phase and as reflected in the PAF fee schedule (Appendix B).

Appendix A
Getting the Facts about Whiplash Brochure*

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)

*This brochure was originally released in 2003 and is available at www.ibc.ca.

Appendix B
PAF Guideline Fee Schedule

REGULAR PAF INTERVENTIONS	FEE
• Initial visit (1 session)	$204.00
• Acute phase (up to 10 sessions)	$496.52
• Sub-acute phase (up to 9 sessions)	$425.32
• Completion of Pre-approved Framework Extension Request and Discharge Report (OCF-24). (payable once at discharge)	$83.40

ADDITIONAL PAF INTERVENTIONS MAY BE PROVIDED DEPENDING UPON THE INSURED PERSON'S NEEDS AND DISCHARGE STATUS	FEE
• Onsite work/home/school based review and intervention (once under Guideline with prior insurer approval)	$408.00 plus travel and mileage at a rate TBD between insurer & health practitioner
• Supplementary Goods and Services	To a maximum of $166.79
• Post PAF Phase - Extension (up to 4 sessions with prior insurer approval)	$45.90 per session To a maximum of $183.60 for the entire Post PAF Phase
• Transfer Fee if insured person changes PAF health practitioner	$50.00

Appendix C
Payment Schedule for X-Rays

DESCRIPTION	FEE
Cervical Spine • 2 or fewer views • 3 - 4 views • 5 - 6 views • more than 6 views	 $35.20 $42.00 $48.00 $56.64
Thoracic Spine • 2 or fewer views • 3 - 4 views	 $32.85 $43.23
Lumbar or Lumbosacral Spine • 2 or fewer views • 3 - 4 views • 5 - 6 views • more than 6 views	 $35.20 $42.00 $48.00 $55.86