

From: [REDACTED]
Sent: September 17, 2008 4:17 PM
To: 5 Year Review
Subject: accident
Attachments: "AVG certification"

Importance: High

In June 2006, my husband and I were rear ended on [REDACTED] highway.

I went to hospital by ambulance, and had whip lash and soft tissue injuries. I also had a small tear in my rotor cuff.

I followed up with my doctor in the specified time. I went to my chiropractor to help with my back. When I was ready he suggested it was time for physio. My doctor then sent me for physio.

At the end of the first year of physio, I did not feel that I was making the progress I felt I should. Originally when they had used the ultra sound, it hurt every treatment. For muscle stimulation he used something called "Tens", which was battery operated, and did nothing for my muscles. At this point I was having a laser therapy on my shoulder at my naturopaths, and paying for it. It helped, but couldn't afford to keep it up..

When I spoke to my claims agent and asked him if there was anyway I could go to another physiotherapist, he said I had to go through an assessment.

I went through what felt like an examination of discovery that the insurance company had set up. I use a walker and told them that I needed somewhere that was handicap accessible. The building I went to on [REDACTED] was supposed to be just that. When I left I would have had a great problem if the maintenance supervisor hadn't come along. It took my husband and him, as well as another person to get me down the steps. I had a lot of trouble getting into the building, and leaned on my walker when I saw the assessor. She blamed a lot of my problem on this.

I was well prepared for her written evaluation. She felt I should continue with my chiropractor for another session, but could manage everything else at home.

She suggested some equipment be installed at home. It never was. I was surprised when the physiotherapist's office called to make an appointment to see how to use it, when I hadn't received the equipment.

During this time I would email my adjustor or phone him. One point I waited from three weeks before getting a phone call. I would leave a message for the adjustor to call me, and give him my schedule for the following two days. When he did call, he called when I told him I would be out, or called just as I was leaving for an appointment. I went on for another year without any physio, and again I had an assessment by the same assessor but in a different building. She kept me waiting for over half an hour, and didn't even apologize for it. She didn't believe me that I hadn't got the equipment, and her recommendation was still the same. Both her assessments were the same, but the physiotherapist who finally came to me house with the equipment did an assessment, and was quite different.

I finally got the equipment six weeks ago, over the door pulleys and thuroband.

They sent a physio therapist to my home for one treatment. She had quite a bit of experience, and also was an assessor for another company. She did the best evaluation of any that I had. Her evaluation of what I needed was quite different from the original physiotherapist, and in seven weeks my range of motion and strength have really improved. She was able to get me five visits in total. I had my last visit today, and she said it will still take me about a year to be able to do my normal things. It will be nice to finally completely dress myself and to drive my car again.

There are things that the Insurance Company needs to look at.

---The insurance company needs to have a better way for clients to be able to change their physiotherapist if the patient isn't making progress.

---Physiotherapists dealing with MVA's need to have experience with this. My physio had only been graduated 18 months.

---Improve qualifications of physiotherapists treading MVA's

---The assessors need to be a working physiotherapists. My assessor really had no people skills. It didn't matter to her what I could do before the accident that I couldn't do then. She had already made up her mind what I was going to have because of my age, and my physical condition, without really knowing what it was.

---The assessor needs to see the client as a person. Look at what they could do previous to the accident and where they are and what they can do when the evaluation is done.

---They need to change the length of time they look at for the human body to heal. If I were in my forties

any physically fit, I might have healed in two years. I'm a senior and suffer with [REDACTED]
[REDACTED] I don't heal the same

---Mileage is also something that should be allowed.

---A taxi is something that needs to be allowed. The accident was not our fault, yet we were the ones who were out of pocket for expenses

---Insurance adjusters may need a lighter caseload to handle. This way you wouldn't wait for three or four weeks for your phone calls or emails to be answered.

---The amount of claim for pain and suffering is far too high. So far I've had two years where I've had pain and suffering, and I still have more work to do.

---Better housekeeping expenses, and patient attendants. The amount the insurance company allows for someone to do cleaning is far too low. Most cleaning ladies I called wanted between \$18-20. per hour, not \$11.

---Insurance Companies need to pay the chiropractors and physiotherapy bills faster. I had to pay for my chiropractor up front, because of the length of time it took for them to be paid.

---Improve affordability of treatment.

---Cut down on the paperwork involved. My chiropractor won't take MVA patients now because of the new changes. Some of the physiotherapists I called wouldn't take MVA patients.

I am very hopeful that you will consider some of my ideas that need to be changed by the insurance company..

Yours sincerely

[REDACTED]

[REDACTED]