Dr. Eugene Okorie

MD, FRCPC

Psychiatry

Prepared for:

Janine Main
Litigation Department
Insurance Corporation of British Columbia
400 – 13479 108th Avenue
Surrey, BC V3T 0L1

Evaluator:

Dr. Eugene Okorie, MD, FRCPC
Psychiatrist

2700 - 1177 West Hastings Street
Vancouver, BC V6E 2K3

Independent Medical Examination

PSYCHIATRIST

Regarding:	Daniela GRABOVAC
Date of Birth:	May 29, 1995
Claims #:	AH43473/AZ97910-4
Your File #:	636592
Date of Loss:	August 12, 2015; February 23, 2018
Date of Assessment:	December 7, 2019
Date of Report:	December 23, 2019

Dear Ms. Main

Thank you for asking me to see Ms. Grabovac for an independent medical (psychiatry) evaluation. I saw her at the Vancouver offices of Direct IME. As an introduction to the evaluation, I familiarized her with the nature, purpose and process of independent medical-legal examination. I explained that my role was to assess her, review her records and provide an independent, non-partisan report, which would form a basis for court testimony, if necessary. She understood the above explanations and consented to the process before the assessment started.

PURPOSE OF THIS ASSESSMENT

This report was prepared in response to your letter dated December 2, 2019, in which I was asked to assess Ms. Grabovac and provide an independent medical-legal report detailing the following:

I) A description of the factual assumptions of which the opinion is based,
II) A description of any research you have conducted that lead you to form the opinion,
III) A list of every document if any, relied on in forming the opinion.

Please give your diagnosis.

Please explain the significance of any tests.

Please include in your opinion as to whether the plaintiff's injury was caused by the accident and whether the symptoms were caused by the injury. Use "probable" to mean more likely than not, or "more likely that 50% likely". And "possible" to "less than 50% likely". Use "certain" to mean "100% likely".

Did the plaintiff have any other accidents, illnesses or medical conditions pre or post-dating the accidents that are relevant to the injury that was caused by the accident? If so, would the plaintiff have suffered the symptoms complained of regardless of the accidents, at some point in any event?

Have the accidents merely accelerated the onset or development of the symptoms? If so, by how much? Or have the accidents aggravated the severity of symptoms that the plaintiff would have suffered in any event? If so, by how much?

Please include your prognosis as to the duration of the injury and the degree of present and residual disability, if any.

Please include in your opinion as to the plaintiff's present and future ability to work and your opinion as to how much time off work would be reasonable in light of the plaintiffs' injury and her job duties.
Please include your recommendations for present and future treatment, including medication, exercise, passive modalities, surgery, etc. (If surgery is indicated, advise how much time off work will likely be needed for recovery).

PERSONAL DETAIL AND QUALIFICATIONS

I, Dr. Eugene Okorie, am a duly qualified physician, licensed to practice medicine in the Province of British Columbia in the specialties of Psychiatry and Geriatric Psychiatry. I graduated from the University of Nigeria, School of Medicine in 1999 and became a member of the Royal College of Psychiatrists in the United Kingdom in 2007. The Royal College of Physicians and Surgeons of Canada certified me in

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Psychiatry and Geriatric Psychiatry in 2013 and 2015 respectively. Further details of my education, training and experience are contained in my curriculum vitae, which are attached herewith. I have been qualified as an expert in Psychiatry and Geriatric Psychiatry in the Supreme Court of B.C.

DUTY TO THE COURT

I am aware that under Subrule 11-2(1) of the Supreme Court Civil Rules, I have a duty to assist the court and not be an advocate for any party. I have prepared this report in conformity with my duty to the court. If I am called upon to give oral or written testimony in relation to this matter, I will give that testimony in conformity with my duty to the court. I certify that I am the sole author of this report.

RECORDS RECEIVED AND REVIEWED

All documents reviewed are listed in Appendix I. Relevant facts extracted from these documents and used in the formation of my opinions have been included in the Facts and Assumptions section.

FACTS AND ASSUMPTIONS

Ms. Daniela Grabovac is a 24-year old single young woman who lives with her parents in Coquitlam, BC. She was training to become a dental hygienist at the time of her first subject accident on August 12, 2015. She was working full-time as a dental hygienist at the time of her second subject MVA on February 23, 2018. She has been unemployed since her second subject accident but started taking online health courses through the Thompson River University, Kamloops in the fall of 2019.

Ms. Grabovac was born in Germany but moved to Canada with her family in 1999. She has an older sister who lives independently away from the family's home. Her parents both work in the movie industry, her father as a set carpenter and her mother as a set dresser. She described a good upbringing devoid of traumas, abuses and separations from family in her early life.

She reported no learning or significant bullying or conduct difficulties in grade school. She was involved in volleyball and track/field sports in school. She graduated from high school in 2013. She initially took psychology courses for two-and-half years at Simon Fraser University before completing an 18-month dental hygienist program at the Vancouver College of Dental Hygiene, graduating in January 2017. She was working full-time hours between two dental offices at the time of her February 2018 MVA.

Ms. Grabovac acquired chronic low back injuries/pain, anxiety, depressive and trauma symptoms when she was struck by a drunk driver as she crossed the street with her parents in 1999. She reportedly incurred no new injuries from a 2000 MVA when she was a back-seat passenger in a car that was rear-ended and from a 2010 MVA when her car was struck at low speed in a parking lot. She tore her right knee anterior cruciate ligament in a snowboarding accident in 2009.

She reported no previous surgeries or pre-existing medical conditions and was only on oral contraceptives at the time of her August 2015 MVA. She rarely uses alcohol but denied the use of nicotine and recreational drugs. She enjoyed reading, going to the movies, snowboarding and worked out in the gym three days per week prior to her 2015 MVA.

On August 12, 2015, Ms. Grabovac was a restrained single-occupant driver of a car that was rear-ended whilst fully stopped at a red light on East Broadway by Rupert Street in Vancouver on her way to school.

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Her car's airbags did not deploy and the glasses did not break during her MVA. On impact, her body moved forward but she did not incur contact head injuries or altered consciousness from the accident. She noted some back pain after the collision but she pulled aside, exchanged information with the other driver and continued to school, where she completed her day's tasks.

Following her August 2015 MVA, her back pain worsened and she developed anxiety symptoms. She reportedly became hypervigilant in vehicles, lost her driving confidence, avoided driving and relied on her family and boyfriend to drive to school. In time, her anxieties and worries generalized to include doubts about the loyalty of her friends and fidelity of her boyfriend. She noted sleep disruptions due to accident-related nightmares, fatigue, compulsive touching and stereotypical counting in order to avert family tragedies (magical thinking). In response to her post-MVA symptoms, her family physician prescribed her antidepressants; Celexa and Wellbutrin and referred her to physiotherapy and psychotherapy. She did not miss any school after her August 2015 MVA and, by the time of her graduation in 2017, had reportedly fully recovered from her MVA-related physical and emotional symptoms.

She reportedly aggravated injuries related to her August 2015 accident when a parked car she was sitting in was struck by another vehicle in September 2015. She noted that she did not incur any new injuries from her September 2015 self-described minor accident.

She subsequently stopped her rehabilitation and psychological therapies resumed her pre-accident gym work-out regime and joined recreational soccer and volley ball teams. She moved out of her family home to live with her boyfriend and started working full-time as a dental hygienist. She continued her antidepressants but noted that her life was going very well until her second subject MVA.

On February 23, 2018, a snowy day, Ms. Grabovac was the restrained front-seat passenger of a Jeep Cherokee that was struck by another vehicle that had spun out of control on highway 1 in Vancouver. Ms. Grabovac's sister was driving the Jeep that was impacted on the front passenger side, around the headlight, at the time of the accident. She hit her right face against something with resultant facial bruising and right jaw pain. She also noted pain in her right shoulder, left hip, neck and back immediately following the MVA. She was reportedly more worried about the welfare of her sister who had been recently in hospital with a heart condition at the time of the accident. She called 911, police and fire service personnel arrived at the scene and Ms. Grabovac and her sister were transported by police to the fire station from where ambulance took them to Surrey Memorial Hospital. She had a few hours of evaluation including imaging studies in hospital before discharge and was taken home by her father.

Surrey Memorial Hospital Records dated February 23, 2018, noted that Ms. Grabovac had MVA-related back pain, mild tinnitus, dizziness but no altered level of consciousness. She was treated with analgesics and an anti-nausea agent.

Dr. Gurdeep Parhar (family physician) noted in his records dated April 17, 2018, that Ms. Grabovac had anxiety, sleep disturbance, cognitive problems and right cheek bone contusion. He recommended rest, ice, heat, physiotherapy, massage therapy, Tylenol and Celexa.

Ms. Grabovac described severe pain in her back, right shoulder, left leg and foot as well as anxiety and depression, following her second subject MVA. She has had multiple imaging studies of her head, spine, right shoulder and left hip since her MVAs that showed no brain abnormalities, early cervical spondylosis changes and mild tendinopathies in her right shoulder and left hip. She has had medications,

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physiotherapy, chiropractic treatments, massage therapy, counselling and two spells of month-long inpatient physical rehabilitation programs in Serbia since her second subject MVA.

Dr. Richard Arseneau (internal medicine specialist) opined in his medical legal report dated November 28, 2018, that Ms. Grabovac has myofascial pain syndrome, fibromyalgia, tension headaches, and aggravation of pre-existing back pain, temporomandibular disorder and anxiety, depression and post-traumatic stress disorder (PTSD). Dr. Arseneau prognosticated that Ms. Grabovac would be unable to return to work for a long time and made a range of treatment recommendations for her.

Dr. Arun Jagdeo (psychiatrist) noted no gross mental state abnormalities when he assessed Ms. Grabovac on July 8, 2019, but on the basis of self-report diagnosed her with recurrent depressive disorder, panic disorder, obsessive-compulsive disorder and questionable PTSD. He recommended continued psychotherapy and review and/or changes to her psychotropic medications.

At my assessment on December 7, 2019, Ms. Grabovac complained of persistent residual pain in her whole back, left shoulder, left leg and right hip as well as right arm numbness and right hand tremor. She reported that Lyrica helped reduce the intensity of her pain. She noted that her pain worsens with prolonged sustained postures and missing her medications or physiotherapy sessions. She persistently thinks about her pain, worries that she has become permanently damaged and would indefinitely have pain or become crippled by the damage. She avoids lots of activities, including domestic chores for fear of aggravating her pain. She has become quite sedentary and reportedly spends all her time in bed, watching television or attending medical appointments.

She reported a severely depressed mood with associated helplessness, hopelessness and worthlessness. She noted that it would have been easier for her family if she died in her accident. She has no interest, energy and motivation in doing anything with consequent social withdrawal. She noted that the combination of a good appetite and lack of physical exercise has led her to gain ten pounds in weight since her February 2018 MVA. She described a sleep pattern disrupted by nightmares with themes relating to her insecurities, unworthiness and accidents. She reported constant anxiety and excessive worries about pain, driving, appointments and parties with associated poor concentration, forgetfulness and word finding difficulties. She has since sold her car and severely limited her driving due to fears about getting into another accident and aggravating her pain.

She moved back to her parents' home in May 2018. Her boyfriend took a job in Seattle and the long distance between them has further strained their relationship. She is independent with her hygiene and grooming activities and manages to walk her dog but her parents look after nearly all her domestic responsibilities.

At present, she attends sessions with a physiotherapist, massage therapist, chiropractor and kinesiologist. She reportedly was recently assessed by pain and orthopedic specialists. She takes Celexa 20 mgs/day, Wellbutrin 300mgs/day and Lyrica.

On mental status examination, Ms. Grabovac presented casually dressed with adequate grooming. She wiggled, shifted and stood up a few times to stretch due to her pain during our meeting. Despite subjective poor attention and memory, she gave a good, organized and coherent history. She self-reported severe depressive symptoms but had an incongruently euthymic and appropriately reactive affect. She endorsed passive death wishes but denied suicidal intentions and plans. She was preoccupied with her pain and severely activity avoidant due to her pain. She achieved 28/30 on Montreal Cognitive Assessment

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(MOCA) after losing a point each on language and delayed recall. She was unable to appreciate her excessive dysfunctional pain-related preoccupation and disabilities.

OPINIONS AND RECOMMENDATIONS

I relied on information obtained from the documents that I reviewed and my assessment of Ms. Grabovac to form opinions expressed in this report. I assume that the information obtained from these sources is accurate and complete. I reserve the right to alter opinions expressed in this report should new information come to light.

Ms. Grabovac aggravated her pre-existing chronic low back injuries, and incurred neck pain following her August 2015 MVA, which resolved with rehabilitation, psychotherapy and antidepressant therapy. She aggravated her low back and neck injuries as well as incurred left shoulder and right hip injuries from her February 2081 MVA. Multiple assessments including imaging of her physical injuries have shown none to minimal abnormalities. Extensive discussions on the physical aspects of her physical injuries and pain are beyond the scope of psychiatric evaluation and I would defer to the opinions of orthopedic and physical medicine and rehabilitation specialists on that.

She has developed a maladaptive relationship with her pain such that she is persistently preoccupied with her pain, which has dominated her life such that she is almost functionally crippled by activity avoidance motivated by fear of aggravating her pain. Her dysfunctional attitudes toward her pain meet DSM-5 criteria for **Somatic Symptom Disorder, predominantly pain,** in my opinion.

In my opinion, she would have met DSM-5 criteria for **Other Trauma and Stressor-Related** and **Obsessive-Compulsive Disorders** after August 2015 MVA. These disorders fully remitted with psychotherapy and antidepressant therapy. However, her February 2018 MVA triggered a relapse of her **Other Trauma and Stressor Related Disorder** and **Major Depressive Disorder**, and new onset Somatic Symptom Disorder.

Self-report of continued severe depressive symptoms contrast with her objectively euthymic and appropriately reactive affect during our meeting. Dr. Jagdeo also noted no objective abnormal mental state findings when he assessed Ms. Grabovac in July 2019. In my opinion, her other trauma and stressor related and depressive syndromes are rather mild, if at all present, at this time. At present, she is most disabled by her somatic symptom disorder.

In my opinion, her emotional disorders were caused by her subject MVAs. Her past history of MVAs and emotional syndromes made her more vulnerable to developing mental disorders following her subject MVAs. These MVA-related disorders have been maintained by a lack of effective routines, social isolation, sedentary lifestyle, and promotion of the sick role by her parents who have taken over her domestic responsibilities.

Her pain and emotional syndromes interact in a reciprocal manner to impair her domestic and community /social functioning with a consequent reduction in her quality of life. She has limited her driving due to residual trauma symptoms (driving anxiety), pain and dysfunctional fear of aggravating her pain.

By self-report, she has responded well to her current medications namely: Celexa, Wellbutrin and Lyrica. I would recommend gradually increasing the doses of her Celexa and Wellbutrin to 40mgs/day and 450mgs/day respectively as suggested by Dr. Jagdeo. Referral to physiatry for consideration for

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interventional pain management of her pain and optimization of her Lyrica would be helpful. I would recommend referral to an occupational therapist for functional assessment and coordination of rehabilitation treatments and an activation program aimed at helping her to develop a routine and a return to appropriate work in some capacity.

She would benefit from cognitive behavioral therapy (CBT) focusing on correcting erroneous perceptions of her pain. She needs to be educated that her pain is not harmful and would improve with an increase in appropriate physical activities. Educating and supporting her parents to reduce her excessive dependency and over-reliance on them with respect to domestic chores would help promote self-efficacy. Stress management, coping skills training, behavioral activation strategies and cognitive re-structuring packaged within the construct of CBT would be beneficial to her. Referral to a CBT therapist with training and experience in the management of pain, trauma, somatization and depression for 16-20 block of therapy sessions would be ideal for her.

Trauma, depressive and somatic syndromes are chronic, relapsing/remitting disorders as shown in her case. She was able to achieve remission of syndromes following her August 2015 MVA with appropriate treatment. Her young age is a positive prognostic factor. Effective treatment or adaptation to her pain and implementation of the above treatment recommendations would help her achieve functional recovery and significant symptomatic remission. Completing her litigation process with a resultant shift in her focus to positive and restorative aspects of life would help her situation.

I hope the court finds this report helpful. Please do not hesitate to contact me through Direct IME with any concerns or questions that you might have with respect to this report.

Yours Sincerely,

Dr. Eugene Okorie MD, FRCPC

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APPENDIX I – LETTER OF INSTRUCTION & LIST OF DOCUMENTS

Enclosed.

APPENDIX II – CURRICULUM VITAE

Enclosed.

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Insurance Corporation British Columbia
400 - 13479 108th Avenue
Surrey
British Columbia
V3T 0L1
Telephone (604) 662-5400
Facsimile (778) 368-5669

November 26, 2019

VIA COURIER

Direct IME
#2700 – 1177 W. Hastings Street
Vancouver, BC V6E 2K3

Attention: Dr. Eugene Okorie

Dear Dr. Okorie:

Re:

Patient:	**Daniela Grabovac**
DOB:	May 29, 1995
PHN #:	9862 541 098
Our File No:	636592
Claim No:	AH43473-2 & AZ97910-4
M.V.A. Date:	August 12, 2015 & February 23, 2018
Trial Date:	March 30, 2020

Please be advised we are counsel for the Defendants and confirm we have retained you to conduct a psychiatric examination of the Plaintiff, Daniela Grabovac, on **December 7, 2019** at 5:00 p.m. Upon completion of your examination, we would ask that you contact the writer with your ***"oral opinion"*** only at this time. We will then instruct you on whether or not a written report will be required from you.

Please be advised that Plaintiff's counsel has put us on an undertaking, pursuant to Rule 11-6(8) of the *Supreme Court Civil Rules*, to provide to us your clinical records relating to these matters, including handwritten notes, annotated records, our instructing letter, and/or any other applicable documentation and we would be grateful if you could provide us with the documentation as soon as possible, whether or not we request a written report from you.

We enclose for your reference the following:

1. Pages 1, 2 and 3 of the Notice of Civil Claim in the matter of *Grabovac v. Fazio*, and pages 1, 2 and 3 of the Notice of Civil Claim in the matter of *Grabovac v. Meszaros et al* which sets forth the Plaintiff's alleged injuries.

Medicals

2. ***Ministry of Health***
   a. MSP printout from August 12, 2013 to November 12, 2015;
   b. MSP printout from August 12, 2015 to September 7, 2016;
   c. MSP printout from August 23, 2016 to July 26, 2018;
   d. MSP printout from July 27, 2018 to January 11, 2019.

3. ***Ministry of Health***
    a. PharmaNet printout from August 12, 2013 to August 11, 2015;
    b. PharmaNet printout from August 12, 2015 to April 19, 2018.

4. Clinical records of Royal Columbian Hospital from February 3, 2014 to December 6, 2017.
5. Clinical records of Surrey Memorial Hospital from February 23, 2018 to March 7, 2018.
6. Clinical records of Euromedik General Hospital (with English translation) from May 19, 2019 to June 4, 2019.

7. ***MRI's/ CT Scans, X-rays, etc.***
    a. MRI report from Canadian Magnetic Imaging re cervical spine dated April 19, 2018;
    b. MRI report from Canadian Magnetic Imaging re right shoulder arthrogram dated May 9, 2018;
    c. MRI report from Canadian Magnetic Imaging re left hip arthrogram dated May 25, 2018.

8. ***BC Injury Care & Exercise Inc. (BCICE)***
    a. Clinical records from August 12, 2015 to March 5, 2016;
    b. Clinical records from March 5, 2016 to October 15, 2015.

9. Clinical records of Station Square Medical Clinic dated August 12, 2015.
10. Clinical records of Dr. Michael J. Foran (Chiro) from September 12, 2015 to September 17, 2015.
11. Clinical records of No Fear Counselling from November 2, 2015 to April 25, 2016.
12. ***Dr. Gurdeep Parhar (GP)*** – Welcome Medical Clinic & Burnaby Square
    a. Clinical records from October 8, 2015 to August 3, 2016;
    b. Clinical records from September 1, 2016 to April 24, 2018;
    c. Clinical records from April 20, 2018 to January 11, 2019;
    d. CL-19 Medical report dated May 25, 2018.

13. Clinical records of Coastal Wellness Centre from March 21, 2017 to April 10, 2017.

14. ***Mercy Medical Clinic (Coquitlam)*** – Dr. Carl Kelly
    a. Clinical records dated February 28, 2018;
    b. Referral note re physio/massage/acupuncture dated February 28, 2018.

15. Clinical records of Motus Health & Wellness from June 30, 2018 to July 12, 2018.
16. ***PhysioWorks***
    a. Clinical records from April 17, 2018 to May 10, 2018;
    b. Clinical records from August 27, 2018 to January 15, 2019.

17. Clinical records of Dr. Engbers (Pinetree Medical Clinic) from October 4, 2018 to June 25, 2019.
18. Medical/legal report of Dr. Richard Arseneau dated November 18, 2018.
19. Initial assessment report of Jay Youn (KARP Rehabilitation) dated April 9, 2019.

20. Initial OT Assessment report of Rhiannon Evans (JR Rehab Services) dated September 20, 2019.
21. Clinical records of Dr. Jagdeo dated July 8, 2019.

Should a written report be requested from you, could you please provide us with your report using the following format. **Please note that the Supreme Court rules have changed effective July 1, 2010, and the Rules include changes to the duties of an expert witness. Specifically, item 1 below is crucial in that its absence may render your report inadmissible as evidence in court.**

1. Duty of an Expert Witness

Part 11-2 of the Supreme Court Civil Rules states:

Duty of expert witness

In giving an opinion to the court, an expert appointed under this Part by one or more parties or by the court has a duty to assist the court and is not to be an advocate for any party.

If an expert is appointed under this Part by one or more parties or by the court, the expert must, in any report he or she prepares under this Part, certify that he or she

(a) is aware of the duty referred to in subrule (1),
(b) has made the report in conformity with that duty, and
(c) will, if called on to give oral or written testimony, give that testimony in conformity with that duty.

Accordingly, please ensure that your report includes your certification that you:

- are aware that it is your duty as an expert under Rule 11-2(1) of the Supreme Court Civil Rules to assist the court and not to be an advocate for any party;
- have made your report in conformity with that duty; and
- will give your written or oral testimony in conformity with that duty.

2. Contents of Your Report

Please also address all of the remaining questions listed below. Should you have any questions or concerns regarding the information sought, please feel free to contact me.

(a) Heading

Please reference the Plaintiff's name and date of birth and date of accident.

(b) Qualifications and Experience

You should state your name, address and area of expertise.

Your report should indicate that you are a "duly qualified [description] licensed to practice within British Columbia". Your report should also contain a statement of your qualifications, including particulars such as your education, training, fellowships, specialties, employment, years in practice and type of practice. It may be convenient for you to attach a current *curriculum vitae* to your report.

Please include a statement that you are the person primarily responsible for the content of the report.

(c) The Purpose of Your Report

Please include the instructions provided to you in relation to the proceeding as well as the nature of the opinion being sought and each issue in the proceeding to which the opinion relates.

(d) Opinion

Please provide your opinion respecting each issue and, if there is a range of opinions given, a summary of the range and the reasons for your own opinion within that range.

Please provide as well your reasons for your opinion, including:

(i) a description of the factual assumptions on which the opinion is based,

(ii) a description of any research you have conducted that led you to form the opinion, and

(iii) a list of every document, if any, relied on in forming the opinion.

Please give your diagnosis.

Please explain the significance of any test results.
Please include your opinion as to whether the Plaintiff's injury was caused by the accident and whether the symptoms were caused by the injury. Use "probable" to mean "more likely than not" or "more than 50% likely " and "possible" to mean "less than 50% likely". Use "certain" to mean "100% likely".

Did the Plaintiff have any other accidents, illnesses or medical conditions pre- or post-dating the accident that are relevant to the injury that was caused by the accident? If so, would the Plaintiff have suffered the symptoms complained of regardless of the accident, at some point in any event? Has the accident merely accelerated the onset or development of the symptoms? If so, by how much? Or has the accident aggravated the severity of symptoms that the plaintiff would have suffered in any event? If so, by how much?

Please include your prognosis as to the duration of the injury and the degree of present and residual disability, if any.

Please include your opinion as to the Plaintiff's present and future ability to work and your opinion as to how much time off work would be reasonable in light of the Plaintiff's injury and his job duties.

Please include your recommendations for present and future treatment, including medication, exercise, passive modalities, surgery etc. (If surgery is indicated, advise how much time off work will likely be needed for recovery.)

In addition to the use of headings, the numbering of paragraphs within an expert report is helpful as a means to conveniently locate passages of the report during trial or otherwise.

(e) Appendices

You may wish to append to your report the following information:

- a list of the records that you have reviewed and any comment you may have on those records. Do not summarize the reports of other medical experts except where disagreement arises;
- a description of the Plaintiff's relevant medical history, including details of the dynamics of the accident, as reported to you by the Plaintiff and as gleaned from the material provided. Specify the source of your statements (which were reported by the Plaintiff and which were not);
- a description of the nature and extent of the injury, the severity and location of the pain, and the treatment prescribed;
- the results of your examination and/or testing, including the Plaintiff's current signs and symptoms and whether these are subjective (reported to you by the Plaintiff) or objective (reproducible by another examiner). You should point out any inconsistencies or physiologically unexplainable findings; and
- any other matters you deem significant.

This matter is scheduled to proceed to trial on March 30, 2020 for *nine (9)* days. You may be required to attend at trial for one or more of these days. If you know now or become aware later that you will not be able to attend on those dates, please advise us immediately.

We would appreciate receipt of your report **no later than December 31, 2019**.

Please send your report and statement to the writer only.

Thank you for your assistance and cooperation.

Yours truly,

Janine Main
Counsel
Litigation Department
JZM/clm
Encls.
cc: Jennifer Lau, 5th & Cambie Claim Centre

CURRICULUM VITAE

Dr. Eugene Okorie, M.D., FRCPC
Psychiatry

EDUCATION

GCP Training, TransCelerate, 2017

Health Canada Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2), 2017

Health Canada Division 5, Part C, 2017

Geriatric Psychiatry Specialty Certification
Royal College of Physicians and Surgeons of Canada, 2015

Psychiatry Specialty Certification
Royal College of Physicians and Surgeons of Canada, 2013

Certificate of Satisfactory Completion of Specialist Training (CSCST) in General Adult Psychiatry and Psychiatry of Old Age
College of Psychiatry of Ireland, 2012

Postgraduate Certificate in Neuro-psychopharmacology (CNIP)
Collegium Internationale Neuro-Psychopharmacologiun, Republic of Ireland, 2012

Diploma in Hospital Services Management (DHSM)
University of Limerick, Limerick, Ireland, 2010

Postgraduate Diploma in Clinical Teaching (PGDip Clinical Teaching)
National University of Ireland, Galway, Ireland, 2009

Diploma in Cognitive Behavioural Therapy (Dip CBT)
Institute of Counselling, Glasgow, Scotland, United Kingdom, 2008

Masters in Medical Sciences (MMed. Sci.)
National University of Ireland, Galway, Ireland, 2008

Diploma in Clinical Psychiatry (DCP)
Conjoint board of the Royal Colleges of Surgeons and Physicians of Ireland, 2005

Bachelor of Medicine; Bachelor of Surgery (MBBS)
University of Nigeria, 1999

ACADEMIC APPOINTMENTS

2013 - Present	Faculty Member, Department of Psychiatry, University of British Columbia.
Jul 2008 - Jun 2009	Clinical Lecturer in Psychiatry, Department of Psychiatry, National University of Ireland, Galway, Ireland

CURRICULUM VITAE
Dr. Eugene Okorie, M.D., FRCPC
Psychiatry

EMPLOYMENT

Okanagan Clinical Trials Ltd.
Kelowna, B.C.
Clinical Trials Investigator
Jan 2017 - Present

Kelowna General Hospital and
Kelowna Mental Health & Addiction Services
Kelowna, B.C.
Geriatric and General Psychiatrist
March 2016 - Present

University Hospital of Northern BC
Prince George, B.C.
Geriatric and General Psychiatrist
Jan 2013 – Mar 2016

Mayo General Hospital
Catlebar, Ireland
General Psychiatrist
Sep 2012 – Jan 2013

Cavan General Hospital
Cavan, Ireland
General Psychiatrist
Apr 2012 – Aug 2012

Uromi Medical Centre
Uromi, Edo State, Nigeria
Medical Officer
Aug 2001 – Jul 2002

Uromi Local Government Area
Uromi, Edo State, Nigeria
Medical Officer
Aug 2000 – Jul 2001

CURRICULUM VITAE

Dr. Eugene Okorie, M.D., FRCPC
Psychiatry

PSYCHIATRY RESIDENCY PROGRAMS

IRISH NATIONAL HIGHER TRAINING SCHEME IN PSYCHIATRY

Jul 2011 - Apr 2012	Senior Registrar, Psychiatry of the Elderly, St. Ita's Psychiatric Hospital/ Beaumont Hospital, Dublin, Ireland
Jul 2010 - Jun 2011	Senior Registrar, General Adult Psychiatry, Letterkenny General Hospital, Letterkenny, Ireland
Jul 2009 - Jun 2010	Senior Registrar, Psychiatry of the Elderly, St. Columba's Psychiatric Hospital/ Sligo General Hospital, Sligo, Ireland

WESTERN POSTGRADUATE PSYCHIATRY TRAINING SCHEME IN IRELAND

Jan - Jun 2008	Registrar, Psychiatry of Learning Disability, Brothers of Charity Services Galway
Jul 2006 - Dec 2007	Registrar, General Adult Psychiatry, Galway University Hospitals, Galway
Jan – Jun 2006	Registrar, Child & Adolescent Psychiatry, Mayo General Hospital, Castlebar
Sep 2003 - Dec 2005	Senior House Officer, General Psychiatry, Mayo General Hospital, Castlebar

INTERNSHIP

Aug 1999 - Aug 2000	Medical Intern, University of Nigeria Teaching Hospital, Enugu, Nigeria

LICENSURE

- College of Physicians and Surgeons of BC, 2013 - Present

PROFESSIONAL AFFILIATIONS

- Fellow of the Royal College of Physicians and Surgeons of Canada, 2013 - present
- Member of Canadian Medical Protection Association, 2013 - present

RESEARCH STUDIES

- Knowledge and Attitudes of Undergraduate Medical Students towards ECT before and after Psychiatry Clerkship: 2009
- Antipsychotic prescribing and monitoring practices in an acute psychiatric unit: 2010

CURRICULUM VITAE
Dr. Eugene Okorie, M.D., FRCPC
Psychiatry

CLINICAL TRIALS

- Principal Investigator: 2-arm, 6-month Brain Imaging and Safety Study of XXXX in Subjects with Mild Alzheimer's disease. Funded by TauRx Therapeutics Ltd., 2018

- Sub-Investigator: An Open-Label, Extension Study of the Effects of XXXX in Subjects with Alzheimer's Disease or Behavioral Variant Frontotemporal Dementia. (Phase III) Funded by TauRx Therapeutics Ltd., 2014-2017.

- Sub-Investigator: A Phase 3, double-blind, randomized study of XXXX versus placebo when added to existing stable donepezil treatment in subjects with mild to moderate Alzheimer's disease. (Phase III) Funded by Axovant Sciences Ltd., 2016-2017.

- Sub-Investigator: A Long-Term, Open-Label Extension Study of the Safety and Tolerability of XXXX in Subjects with Alzheimer's Disease. (Phase III) Funded by Axovant Sciences Ltd., 2016-

- Sub-Investigator: A 24-month, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Efficacy, Safety, Tolerability, Biomarker, and Pharmacokinetic Study of XXXX in Early Alzheimer's Disease (The AMARANTH Study). (Phase II/III) Funded by Eli Lilly, 2016-

- Sub-Investigator: A Long-Term Multicenter, Randomized, Double-Blind, Controlled, Parallel-Group Study of the Safety and Efficacy of XXXX in Subjects With Insomnia Disorder. (Phase III) Funded by Eisai Inc., 2017-

- Sub-Investigator: A phase III safety and efficacy study of XXXX in subjects with evidence of early Alzheimer's Disease. (Phase III) Funded by AZTherapies, Inc., 2017-

- Sub-Investigator: A Placebo-Controlled, Double-Blind, Parallel-Group, 24-Month Study to Evaluate the Efficacy and Safety of XXXX in Subjects with Early Alzheimer's Disease. (Phase III). Funded by Eisai Inc., 2017-

- Sub-Investigator: A Double-blind, Randomized, Placebo Controlled, Two Arm Multi-center Study to Assess the Efficacy and Safety of a Once Nightly Formulation of XXXX for Extended-Release Oral Suspension for the Treatment of Excessive Daytime Sleepiness and Cataplexy in Subjects with Narcolepsy. (Phase III). Funded by Flamel Ireland Limited, 2017-

- Sub-Investigator: A Phase III, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Efficacy and Safety Study of XXXX in Patients with Prodromal to Mild Alzheimer's Disease. (Phase III). Funded by F. Hoffmann-La Roche Ltd., 2017-

- Sub-Investigator: A randomized, double-blind, placebo-controlled, two cohort parallel group study to evaluate the efficacy of XXXX and XXXX in participants at risk for the onset of clinical symptoms of Alzheimer's disease. (Phase III). Funded by Novartis, 2017-

CURRICULUM VITAE

Dr. Eugene Okorie, M.D., FRCPC
Psychiatry

PUBLICATIONS

- Antipsychotic prescribing in a residential facility for clients with learning disability. **Okorie, E.F.** & Connaughton C. The British Journal of Developmental Disabilities; Volume 57, Part 2, July 2011, No. 113, pp. 117-122.

- Patients repeatedly attending accident and emergency departments seeking psychiatric care. **Okorie, E.F.**, McDonald, C. & Dineen B. The Psychiatrist 2011; 35, 60-62.

PRESENTATIONS

- Carers have needs too! Analysis of the needs of carers of patients referred to an Old Age Psychiatric Service in the North-West of Ireland. Okorie E. F., et al. Poster presented at the International Psycho-geriatrics Association Meeting in Santiago, Spain, 2010.

- "Youth Suicide in Ireland". Public lecture to the catholic priests of Galway Diocese on behalf of the Irish Association of Suicidology, May 2008.