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Cost of Future Care/Cost Analysis Report

Ms. Janelle Mackoff of Kaz Law
Suite 1900 – 570 Granville Street, Vancouver, BC, V6C 3P1
Telephone: 604-681-9344
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Re: Ms. Daniela Grabovac

Date(s) of Losses: Aug 12, 2015 and February 23, 2018

Date of this Report: January 20, 2020

Referral Reason

At the request of Ms. Janelle Mackoff of Kaz Law, I will provide a Cost of Future Care/Cost Analysis Report.

Qualifications of clinician

For medical legal purposes, I, Mr. Dominic Shew, am the person primarily responsible for the opinions expressed in this report.

I am a registered Occupational Therapist having graduated from the Faculty of Rehabilitation Sciences at the University of British Columbia in 2003. I am certified by the Canadian Association of Occupational Therapists (CAOT) and registered to practice through the College of Occupational Therapists of British Columbia (COTBC). For details of my qualifications, see *Appendix C* attached.

Facts and Assumptions

The facts and assumptions expressed in this report are based on:

1. The results and findings of the F/WCE that this writer conducted with Ms. Grabovac on September 19, 2019 (Report dated October 3, 2019);
2. The Clinical Interview and Update Interview that this writer conducted with Ms. Grabovac on January 15, 2020 (Please refer to *Appendix A*);
3. This writer's review of the medical documentation listed in *Appendix B*; however, this report will only list the information that is relevant for cost estimates/analyses.
4. Research conducted and listed throughout the report;
5. For the purpose of potential future care, this writer has been asked to assume the following:
 - a. That Ms. Grabovac and her present partner will marry sometime in the next six years;
 - b. That Ms. Grabovac's partner currently works in the USA;
 - c. That her partner will work full-time;
 - d. That at some point in the future they will have children. They plan to have two children about five years apart;
 - e. Ms. Grabovac reported that her plan is to return to work after about 18-months (standard time of maternity leave);

- 1 f. That at some point in the future, they will residence in BC. Since she and her partner
2 previously resided in Kitsilano, Vancouver, BC, that they will reside either in Kitsilano or
3 Downtown Vancouver. Their residence will likely be a condominium that is about 1,000
4 square feet;
5

6 **Certification of Expert**

7 I am aware that in giving an opinion to the Court, I have a duty to assist the Court and not be an advocate
8 for any party. I have prepared this report in conformity with my duty to the Court as articulated in Rule
9 11-2(1) of the Rules of Court. If I am called upon to give oral or written testimony in relation to this
10 matter, I will give that testimony in conformity with my duty to the Court as articulated in Rules 11-2(1)
11 and 11-2(2) of the Rules of Court.
12

13 **Discussion**

14
15 In terms of **diagnoses**:

16
17 Dr. Anderson (Psychiatrist) (Report dated Nov 23, 2019) opined on Page 25 and 26:

- 18 • “Ms. Grabovac likely has severe somatic symptom disorder (SSD) with predominant pain.”
- 19 • “...her present cognitive difficulties are likely due to other factors including insomnia, fatigue,
20 PTSD, GAD, MDD and general stress. It is also possible that medication side effects (particular
21 side effects from Lyrica) could be contributing to her present cognitive difficulties.”
- 22 • “Ms. Grabovac presently has PTSD of moderate severity.”
- 23 • “Ms. Grabovac does not presently have OCD.”
- 24 • “Ms. Grabovac presently has a severe major depressive disorder (MDD) and a severe generalized
25 anxiety disorder (GAD) with occasional panic attacks.”
- 26 • “...she does not have a personality disorder.”
27

28 Dr. Hirsch (Physiatrist) (Report dated Dec 2, 2019) opined:

- 29 • “It is my opinion that the second subject motor vehicle accident was not associated with a
30 traumatic brain injury, an injury to the spinal cord, or an injury affecting any of the cervical,
31 thoracic, or lumbosacral nerve roots.” (Page 10)
- 32 • “...it is my opinion that Ms. Grabovac’s right shoulder pain is not accounted for by adhesive
33 capsulitis, frozen shoulder, a SLAP lesion, rotator cuff impingement, shoulder instability, or
34 acromioclavicular joint separation.” (Page 10)
- 35 • “Today Ms. Grabovac presented with multifocal pain...On the balance of all the evidence, I think
36 that Ms. Grabovac has developed a somatic symptom disorder, which to a significant degree is
37 influenced by her psychological and emotional reaction to her circumstances.” (Page 11)
38

39 Dr. Stone (Orthopaedic Surgeon) (Report dated Dec 5, 2019) opined:

- 40 • “Right shoulder...It is my opinion that Ms. Grabovac’s shoulder symptoms are likely
41 multifactorial and represents a combination of soft tissue injuries to the muscles, tendons and
42 ligaments and possible adhesive capsulitis.” (Page 5)
- 43 • “Left hip...It is my opinion that the 2018 motor vehicle accident caused soft tissue injuries to the
44 muscles, ligaments and tendons around the left hip and possible diagnosis of adhesive capsulitis.”
45 (Page 5)
- 46 • “Right hand...I think this is very likely not related to the shoulder injury and more likely a
47 manifestation of a closed head injury or neck injury.” (Page 6)

- 1 • “With regards to her cervical, thoracic and lumbar spine complaints, these are in keeping with a
2 diagnosis of myofascial pain.” (Page 6)
3

4 Dr. Medvedev (Neurologist) (Report dated Dec 24, 2019) opined:

- 5 • “Ms. Grabovac suffered a sprain/strain injury of neck, back (the combination of both can be
6 described as consequences of a whiplash trauma), right shoulder, left hip (referred pain in the left
7 leg and foot) with development of a chronic pain syndrome.” (Page 9)
8 • “Her right hand tremor probably represents accentuated isometric tremor due to pain and
9 weakness of the right upper extremity following the sprain and strain trauma.” (Page 9)
10 • “She developed post-traumatic possible cervicogenic as well as migrainous headaches.” (Page 9)
11

12 Regarding **prognoses**:

13
14 Dr. Anderson (Psychiatrist) (Report dated Nov 23, 2019) opined:

- 15 • “Long-term prognosis for Ms. Daniela Grabovac, from a psychiatric point of view, is
16 guarded....A better understanding of Ms. Grabovac’s long-term psychiatric prognosis will
17 become clear once she has had further psychotherapy combined with pharmacotherapy. Despite
18 further treatment and the passage of time, however, it is unlikely that Ms. Grabovac will return to
19 her premorbid level of emotional functioning.” (Page 29 and 30)
20

21 Dr. Hirsch (Physiatrist) (Report dated Dec 2, 2019) opined:

- 22 • “...I would view Ms. Grabovac’s prognosis with respect to her chronic pain condition as guarded
23 at this juncture.” (Page 12)
24 • “Ms. Grabovac’s long-term prognosis regarding competitive gainful employability and capacity
25 to perform the more strenuous physical tasks in and around her home will largely depend on
26 resolution of these factors. At this stage, her long-term prognosis does not look promising.” (Page
27 12)
28

29 Dr. Stone (Orthopaedic Surgeon) (Report dated Dec 5, 2019) opined:

- 30 • “Right shoulder...It is my opinion that the likelihood of significant improvement is low.” (Page
31 6)
32 • “Left hip...It is my opinion that the likelihood of a significant resolution of Ms. Grabovac’s
33 symptoms in the left hip is low.” (Page 6)
34 • “Spine...Ms. Grabovac’s myofascial pain is chronic and it is my opinion that the prognosis for a
35 significant recovery is quite guarded.” (Page 7)
36

37 Dr. Medvedev (Neurologist) (Report dated Dec 24, 2019) opined:

- 38 • “Her prognosis can be described as guarded....I expect that treatment may yield some
39 improvements in her symptoms and functioning, however, this will be a long and slow recovery.”
40 (Page 9)
41

42 Cost Analysis

43
44 Based on the prognoses above, I have assumed that while some level of improvement is expected, it is
45 likely that her physical/functional and psychological/emotional limitations will persist.
46

47 If there is a change in her vocational (work), living, and/or physical/functional, psychological/emotional,
48 and/or medical status, the recommendations below may require adjustments.

1 **Please Note:** Based on the Facts and Assumptions, Ms. Grabovac's current partner works in the USA.
 2 As such, if Ms. Grabovac obtains the services and/or intervention listed in this report in
 3 the USA, the costs may be higher due to factors such as the exchange rate, the different
 4 medical system, et cetera.
 5

6 Allied Health

7 1. In terms of a **functional rehabilitation program:**

8
 9
 10 Dr. Anderson supported the enrollment in a supervised exercise program under the direction of a
 11 kinesiologist (Page 29).
 12

13 Dr. Hirsch opined:

- 14 • "In conjunction with a functional restoration program, Ms. Grabovac should be
 15 encouraged to gradually resume her pre-second subject motor vehicle accident domestic
 16 responsibilities. This should be considered part-and-parcel of her rehabilitation program.
 17 This functional restoration program should be coupled with psychological treatment."
 18 (Page 11)
- 19 • "...I recommend a several times weekly exercise program...I would not be averse to a
 20 few additional treatment sessions to ensure Ms. Grabovac performs appropriate exercise
 21 with proper technique....In addition, Ms. Grabovac should consider participation in Tai
 22 Chi, yoga, Pilates, or aqua exercises." (Page 11)
 23

24 Dr. Stone opined:

- 25 • "Right shoulder...Ms. Grabovac will require ongoing strengthening and stretching of the
 26 soft tissues around the shoulder, pain management, and modification of activities.
 27 Additional interventions for adhesive capsulitis include capsular distention and
 28 manipulation." (Page 6)
- 29 • "Left hip...Similar to adhesive capsulitis of the shoulder, adhesive capsulitis of the hip is
 30 most commonly managed with non-operative care including pain medication,
 31 physiotherapy, which to this point has only had modest improvement. Additional
 32 interventions may include capsular distention/manipulation with intra-articular injection."
 33 (Page 6)
- 34 • "I recommend that Ms. Grabovac continue with her strengthening and stretching
 35 program." (Page 7)
 36

37 Dr. Medvedev opined, "Her tremor could benefit from exercises designed to strengthen her arm
 38 and shoulder muscles." (Page 10)
 39

40 **Potential cost(s)**

41
 42 In accordance with the medical opinions, Ms. Grabovac needs to remain active but within her
 43 functional tolerances.
 44

45 Additionally, I agree that a program should consist of physical and functional intervention in
 46 conjunction with emotional/psychological support.
 47

1 Furthermore, in my clinical experience, I would agree that some supervision is required to ensure
2 that she is performing the activities and/or exercises appropriately.
3

- 4 a. It has been my experience that **Kinesiologists** typically have more experience assisting
5 individuals following traumatic injuries than a generic Personal Trainer. Considering her
6 limitations, I also support one-on-one sessions rather than a generic exercise program.
7

8 Kinesiologists in the Lower Mainland presently charge, on average, \$70-75 per hour,
9 depending on the services required and the expertise of the individual (5% GST may be
10 applicable).
11

12 In terms of the number of sessions required, in my clinical experience, this is largely
13 based on, for example, the individual's knowledge and understanding, their response to
14 an active program, potential cognitive and/or emotional/psychological barriers, et cetera.
15

16 Given the persistence of her physical/functional and psychological/emotional difficulties,
17 the results of the F/WCE, and the medical documentation reviewed, I anticipate the
18 following for Ms. Grabovac in terms of Kinesiology:
19

- 20 • One session/week for the next eight to 12 weeks (**8-12 sessions**);
- 21 • Then one session/two weeks for an additional two months (**4 sessions**);
- 22 • Then one session/month for an additional two months (**2 sessions**);
- 23 • After this time, I anticipate that the attending Kinesiologist will conduct a **re-**
24 **assessment** to determine if further sessions are required;

25 Based on the information above, the **estimated cost for the next six to seven months is**
26 **\$1,029 to \$1,418** (14-18 sessions x \$70-75/hour x 5% GST).
27

- 28 1. In order to complete her active program, she will likely require a **fitness**
29 **membership and/or appropriate exercise equipment and/or aids**.
30

31 I, however, would defer to her direct health care professional(s) to opine
32 regarding the most appropriate equipment for her individual needs (i.e., either in
33 her home or access to a facility).
34

35 If further information regarding **potential suggested equipment and/or**
36 **facilities** are provided, this writer may be able to perform a more accurate cost
37 estimate at a later time in the form of an Addendum Report.
38

39 However, to assist the Court:

- 40 • The cost of a fitness facility pass will vary based on the facility and location,
41 but the current cost of, for example, an adult (19-64 years of age) "One Pass"
42 that can be used in recreational centres in Coquitlam is:
 - 43 ○ \$57.38/month plus 5% GST;
 - 44 ○ \$188.24/four-months plus 5% GST;
 - 45 ○ \$450.57/year plus 5% GST;
- 46 • Following this six to seven month functional rehabilitation program, it has
47 been recommended for Ms. Grabovac to remain active; thus, in the future,
48

the present cost of, for example, “Flexipass” that can be used in recreational centres in Vancouver is:

- Adult (19-64 years):
 - \$47.11/month plus 5% GST;
 - \$127/four-months plus 5% GST;
 - \$406.98/year plus 5% GST;
- Senior (65+ years):
 - \$88.90/month plus 5% GST;
 - \$32.98/four-months plus 5% GST;
 - \$284.89/year plus 5% GST;
- In terms of potential, basic equipment in the home:
 - The present cost of a stability ball at, for example, Fitness Town is currently \$24.99 plus 5% GST;
 - The present cost of an exercise mat at, for example, Fitness Town is currently \$44.99 plus 5% GST;
 - The present cost of light free weights is dependent on the weight of the dumbbell being purchased. However, at, for example, Fitness Town it is currently about \$1.48 per lb (i.e., a one-lb dumbbell is \$1.48 and a ten-lb dumbbell is \$14.80, plus 5% GST);
 - The present cost of resistance bands is dependent on the resistance being purchased. However, at, for example, Fitness Town:
 - The cost of a “very light” band currently ranges from \$9.99 to \$21.95, plus 5% GST;
 - The cost of a “light” band currently ranges from \$9.99 to \$24.95, plus 5% GST;
 - The cost of a “medium” band currently ranges from \$9.99 to \$25.95, plus 5% GST;
 - The cost of a “Go Fit ProStick with Resistance Tubes” package, which has bands of various resistance is currently \$24.99, plus 5% GST;
 - The cost of a “Go Fit Pro Gym Extreme” package, which has bands of various resistance is currently \$79.99, plus 5% GST;

The **replacement frequency** should also be considered, but this will vary significantly based on factors such as the weight on the individual, the frequency of use, et cetera.

Based on the information above, an anticipated amount from **\$150 to \$200** for the above mentioned, basic exercise equipment for the home is likely reasonable.

- b. To further help identify Ms. Grabovac’s difficulties, provide specific recommendations and education regarding appropriate stretches and exercises during her involvement in an active program, and to assist with symptom management during this active program, she would likely benefit from **additional sessions with a Physiotherapist (PT)**.

1 Considering the persistence of her difficulties, I would defer to her direct treatment
 2 provider to comment on a more precise number of sessions required at the present time
 3 and into the future.
 4

5 However, I anticipate that it is reasonable that she attend PT sessions that mirror her
 6 involvement with the Kinesiologist (i.e., at least the next six to seven months). As such, I
 7 anticipate sessions at a frequency of:

- 8 • One session per week for the first eight weeks (**8 sessions**);
- 9 • One session every two weeks for the following four to five months (**8-10**
 10 **sessions**).

11
 12 Physiotherapists presently charge, on average, \$75-85 per session (there are no applicable
 13 taxes for this service). However, depending on the expertise of the physiotherapist, the
 14 treatment provided and the location of service, I have seen individuals that charge higher
 15 rates.
 16

17 Based on the above information, the **estimated cost for the next six to seven months is**
 18 **from \$1,200 to \$1,530** (16-18 sessions x \$75-85/session).
 19

- 20 c. Dr. Anderson (Page 29 of his report) and Dr. Stone (Page 7 in his report) supported the
 21 intervention by an **Occupational Therapist (OT)**.
 22

23 Given Ms. Grabovac's physical/functional and psychological/emotional difficulties, I
 24 would defer to Ms. Grabovac's OT to provide an opinion on the number of sessions
 25 required at the present time and into the future. However, I agree that such intervention is
 26 required.
 27

28 Presently, she attends OT sessions about once every two weeks, and considering her
 29 limitations, a continuation at this frequency is reasonable for at least the next six to seven
 30 months (**12-14 additional sessions**).
 31

32 OTs performing case management services working in the private sector in B.C.
 33 presently charge, on average, \$118/hour, which is dependent on the expertise of the
 34 therapist. Travel time is currently billed at ½ the hourly rate or full rate if deemed
 35 excessive and \$0.50 to \$0.60 kilometer for travel distance.
 36

37 Based on the information above, the **estimated cost for the next six to seven months is**
 38 **\$1,487 to \$1,735** (12-14 sessions/month x \$118/hour x 5% GST).
 39

- 40 d. Dr. Anderson stated:
- 41 ▪ "Ms. Grabovac needs to be followed by an experienced **psychologist**...I would
 42 suggest that Ms. Grabovac be seen for another 20 sessions of cognitive
 43 behavioural therapy (CBT) before reassessing the need for further
 44 treatment...Ms. Grabovac will likely require long-term supportive therapy (8 to
 45 12 sessions per year) with a registered psychologist..." (Page 27)
 - 46 ▪ "I would suggest that Ms. Grabovac and Mr. Posavljak have several sessions of
 47 **couple therapy** with an experienced couple therapist." (Page 27)
 - 48 ▪ "...I would suggest that she be referred to a treating **psychiatrist**." (Page 27)
 49

1 Dr. Hirsch opined, “In conjunction with a functional restoration program, Ms. Grabovac
 2 should be encouraged to gradually resume her pre-second subject motor vehicle accident
 3 domestic responsibilities. This should be considered part-and-parcel of her rehabilitation
 4 program. This functional restoration program should be **coupled with psychological**
 5 **treatment**...Future psychotherapy should also include familiarizing Ms. Grabovac with
 6 cognitive behavioural pain management strategies.” (Page 11)

7
 8 Dr. Medvedev opined, “An appropriate management by a **psychiatrist** is likely to be of
 9 benefit as well.” (Page 10)

10
 11 1. Psychiatry is a benefit through MSP, if medically appropriate; thus, there would
 12 be **no cost(s)** she would have to endure related to this service.

13
 14 2. In terms of individual sessions with a **Psychologist** for Ms. Grabovac:

- 15 • Registered Psychologists in the Lower Mainland such as those working with
 16 Chuck Jung and Associates presently charge \$195/session (GST included);
- 17 • According to the BC Psychological Association, the suggested current
 18 market rate for individual psychotherapy is \$200/hour.

19
 20 i. Based on Dr. Anderson’s recommendations, the **estimated initial cost is**
 21 **from \$3,900 to \$4,000** (20 sessions x \$195-200/session).

22
 23 ii. I would defer to Ms. Grabovac’s direct Psychologist regarding whether
 24 additional sessions are required after their **re-assessment**.

25
 26 iii. Based on the Dr. Anderson’s recommendations, the **estimated long-**
 27 **term/yearly cost is from \$1,560 to \$2,400** (8-12 sessions/year x \$195-
 28 200/session).

29
 30 3. Regarding couple therapy, no specific number of sessions are recommended;
 31 thus, at the present time, this writer is **unable** to provide a precise cost estimate.

32
 33 I would defer to appropriate experts for further and full comment on this issue.

34
 35 If such information becomes available, this writer may be able to provide a cost
 36 estimate in the form of an Addendum Report.

37
 38 However, to assist the Court:

- 39 • According to the BC Psychological Association, the suggested current
 40 market rate for Relationship Therapy is \$200/hour;
- 41 • According to the BC Association of Clinical Counselors, the suggested
 42 current market rate for Couples or Family Therapy is \$125 plus 5% GST (or
 43 \$131.25);

44
 45 2. Dr. Medvedev opined, “...I think she can also find it useful to attend pain management sessions
 46 at one of the lower mainland **chronic pain clinics**...” (Page 10)

Potential cost(s):

- 1
2
3 a. Depending on Ms. Grabovac's location of residence, there are **publicly-funded** pain
4 management programs (i.e., Jim Pattison Outpatient Care and Surgery Centre in Surrey
5 for residents of the Fraser Valley and Tri-Cities, St. Paul's in Vancouver for the
6 Vancouver area, et cetera). A General Practitioner or specialist referral is required. There
7 is currently a lengthy wait list for both programs.
8
- 9 b. To assist the Court, if the wait list is too lengthy and Ms. Grabovac decided to attend a
10 **private** pain management program, the following may apply:

11
12 1. The cost for the interdisciplinary assessment with report through Orion
13 Health/CBI Health Centre (604-575-2325) is \$2,500.

14
15 The cost of the treatment program through Orion Health/CBI Health Centre is
16 \$11,100 for a full, 25-day program.

17
18 The **total cost of the initial assessment and the 25-day program is estimated**
19 **at \$13,600 (no taxes).**

20
21 **Note:** If the individual requires intervention beyond 25-days, then the costs are
22 (no taxes):

- 23 • \$200/half-day (three hours);
- 24 • \$450/day (six hours);
- 25 • \$2,250/week (based on five days/week, six hours/day);

26
27 **Please note:** If Ms. Grabovac participates in a multidisciplinary program, which likely
28 involves intervention from multiple disciplines (i.e., Occupational Therapy,
29 Kinesiology, Physiotherapy, Psychology, Physicians, et cetera), her community-
30 based allied health interventions may not be required or to a lesser degree during
31 this period.
32

Additional Assessments

- 33
34
35 1. Dr. Anderson opined, "Once the above recommendations have been put in place, I would suggest
36 that Ms. Grabovac have a **functional capacity evaluation...**" (Page 29).

Potential cost(s)

37
38
39
40 This writer conducted a F/WCE with Ms. Grabovac on Sept 19, 2019. However, after additional
41 treatment, the following cost may apply:
42

- 43 • The length of a Functional/Work Capacity Evaluation (F/WCE) is dependent on the
44 referral questions and the amount of physical and functional activity that can be managed
45 by the client. In my clinical experience, this can occur, on average, from a **full day** (eight
46 hours) to **1.5 days** (eight hours plus an additional four to five hours on a second,
47 consecutive assessment day).
48

- 1 • The time it would take to complete the report is dependent on the referral questions,
2 research needed, and the medical documentation that requires review, which in my
3 clinical experience, can vary, on average, from **eight to ten hours**.
4
5 • To ensure appropriate assessment and report conclusions, a F/WCE is typically
6 conducted by a Certified Functional/Work Capacity Evaluator.

7
8 Occupational Therapists working in the private sector (non-medicolegal) in B.C.
9 presently charge, on average, \$118/hour, plus 5% GST.

10
11 Based on the information above, the **estimated cost is from \$1,982 to \$2,849** (16-23
12 hours x \$118/hour x 5% GST).

13
14 2. Dr. Anderson opined:

- 15 • “Once the above recommendations have been put in place, I would suggest that Ms.
16 Grabovac have...a **vocational assessment**...” (Page 29).
17 • “Ms. Grabovac is not likely competitively employable at the present...Ms. Grabovac may
18 be able to do part-time work for a supportive employer in a low stress, sedentary job,
19 which allows her to work at her own pace and is not cognitively demanding.” (Page 31)
20

21 Dr. Medvedev opined, “I recommend that Ms. Grabovac work with a **vocational consultant** to
22 look at alternative employment.” (Page 9)

23
24 **Potential cost(s)**

25
26 In this writer’s F/WCE Report, I also supported a Vocational Assessment and Vocational
27 Counseling to assist with potential future employment. I stated that the precise cost would more
28 accurately be determined by a Vocational Counselor, however, to assist the Court, this writer
29 provided some cost estimations:

- 30 • A representative at Progressive Rehab (604-436-3313) was contacted and the associate
31 reported that Vocational Assessments for rehabilitation purposes cost about **\$1,200 to**
32 **\$1,800 plus 5% GST**.

33
34 The associate reported that Vocational Counselling services cost **\$105 per hour plus 5%**
35 **GST**.

- 36
37 • I also deferred to the vocational expert to determine if **re-training** may be required and is
38 reasonable, as there may be additional costs for, for example, equipment, books,
39 education, et cetera.

40
41 3. In this writer’s F/WCE Report, I recommended that provision for an **Ergonomic Assessment** if,
42 in the future, Ms. Grabovac obtains a position that requires her to work at a workstation. I
43 anticipated that **two to three hours** of assistance from an Occupational Therapist to complete this
44 assessment would likely suffice and be reasonable. I continue to support this recommendation.

45
46 Occupational Therapists performing case management services working in the private sector in
47 B.C. presently charge, on average, \$118/hour, which is dependent on the expertise of the

1 therapist. Travel time is currently billed at ½ the hourly rate or full rate if deemed excessive and
 2 \$0.50 to \$0.60 kilometer for travel distance.

3
 4 The estimated cost is from **\$248 to \$372** (2-3 hours x \$118/hour x 5% GST) plus travel time and
 5 distance, if applicable.

- 6
 7 a. The estimate above **does not** include any costs for potential ergonomic equipment (e.g., a
 8 height adjustable desk, ergonomic keyboard, slant board, et cetera) or workstation
 9 modifications.

10
 11 At this time, it is **difficult** to predict the exact ergonomic equipment that she will require,
 12 as her future workstation is presently unknown. As such, I would deter to the OT that
 13 performs the ergonomic assessment to determine a more precise cost breakdown for
 14 appropriate equipment or workstation modifications.

15
 16 However, to assist the Court, given her limitations, she will likely require at least the
 17 following:

- 18
 19 • Differential cost of a height adjustable, L-shaped desk ranging from \$419-479
 20 (i.e., A Bekant desk from Ikea ranges from \$519 to \$679 plus applicable taxes
 21 minus the cost of a typical desk ranging from \$100-200);
 22 • Differential cost of an ergonomic task chair ranging from \$100-200 (i.e., Hyken
 23 Technical Mesh Task Chair from Staples at \$299.99 plus applicable taxes minus
 24 the cost of a typical chair \$100-200);
 25 • Differential cost of an ergonomic keyboard and mouse combination ranging from
 26 \$40-120 (i.e., Microsoft Wireless Comfort Desktop 5050 from Staples at \$89.99
 27 versus Microsoft Sculpt Ergonomic Keyboard/Mouse from Staples at \$149.99
 28 minus the cost of a typical keyboard and mouse ranging from \$30-50);
 29 • A document holder ranging from \$20-65 (i.e., Fellow's Platinum Letter Size
 30 Booklift from Staples at \$19.99 versus a 3M Desktop Document Holder from
 31 Staples at \$64.99 plus applicable taxes);

32 Thus, I anticipate an allocation of about **\$700 to \$1,000** (taxes included) for
 33 appropriate ergonomic equipment is reasonable.

34
 35 **Note:** Other considerations are, for example (but not limited to), the exact nature of her work,
 36 whether her future work provides ergonomic assessments, whether her future work
 37 provides some ergonomic equipment, the replacement frequency of such equipment, et
 38 cetera.

39 40 Ongoing Care

- 41
 42 1. Ms. Grabovac currently attends **physiotherapy** (three times/week) and **massage therapy**
 43 (once/week, 60-minutes/session).

44
 45 Dr. Hirsch opined, "I do not recommend passive treatments such as physical modalities,
 46 chiropractic spinal adjustments, or massage." (Page 11)

Potential cost(s):

Based on the medical opinions, Ms. Grabovac has been recommended to participate in an active and functional restoration program versus passive treatment alone. However, in my clinical experience assisting individuals with chronic pain concerns, I typically see individuals attend intermittent treatment sessions (i.e., physiotherapy, massage therapy, et cetera) for symptom management during times of flare-ups at a frequency of **six to 12 times/year**.

In terms of rates:

- Physiotherapists presently charge, on average, \$75-85 per session (there are no applicable taxes for this service). However, depending on the expertise of the physiotherapist, the treatment provided and the location of service, I have seen individuals that charge higher rates;
- Massage Therapists presently charge, on average (5% GST may be applicable):
 - \$110-115/60-min session;
 - \$85-90/45-minute session;
 - \$60-65/30-minute session;

Based on the information above, the estimated yearly cost for periodic physiotherapy during times of exacerbation is from \$450 to \$1,020 (6-12 sessions/year x \$75-85/ session).

Based on the information above, the estimated yearly cost for periodic massage therapy during times of exacerbation is from \$378 to \$1,449 (6-12 sessions/year x \$60-115/30 or 60-minute session, respectively, x 5% GST).

The **estimated yearly cost is from \$378 to \$1,449**, depending on the treatment received.

2. In terms of **current medication**:

The prescription medication costs below were determined by contacting a local pharmacy or through research via Pharmacy Compass. This is an online tool developed by Pacific Blue Cross that helps to identify better value by comparing prescription medication prices at different pharmacies across British Columbia. It lists the average price based on the past three months from their claim database. It is updated monthly.

In addition, the dispensing fees between different pharmacies can vary, which will affect the end cost for prescription medication. The dispensing fee that Fair Pharmacare will reimburse is \$10.

Furthermore, this writer will provide costs from more common organizations such as London Drugs, et cetera, as these are available to the public without additional fees.

Moreover, this writer has provided costs based on her current medication and the medication that has presently be prescribed for her usage.

a. **Current medication**:

1. OTC/Non-prescription

- a. **ES Advil** – As needed, but on average, five to six tablets in the last two weeks.

1 I would defer to appropriate experts for further and full comment on the
 2 use of this medication in conjunction with her prescription medication.

3
 4 The cost from London Drugs for 72 tablets is \$15.99 (\$0.22/tablet; this
 5 does not include applicable GST). There is no dispensing fee for non-
 6 prescription/over-the-counter (OTC) medication, but there is 5% GST.

7
 8 The **estimated yearly cost is from \$28 to \$33** (5-6 tablets/2 weeks x 2
 9 times/month x 12 months/year x \$0.22/tablet x 5% GST).

- 10
 11 b. **Robaxacet** – As needed, but estimated usage of one box in the past year.

12
 13 I would defer to appropriate experts for further and full comment on the
 14 use of this medication in conjunction with her prescription medication.
 15 The cost from London Drugs for 40 tablets is \$24.99 (\$0.63/tablet; this
 16 does not include applicable GST). There is no dispensing fee for non-
 17 prescription/over-the-counter (OTC) medication, but there is 5% GST.

18
 19 The **estimated yearly cost is \$26** (\$24.99 x 5% GST).

20
 21 2. Prescription

- 22
 23 a. **Cipralex** – One tablet/day, seven days/week (7 tablets/week).

24
 25 According to Pharmacy Compass, the more common range is from \$0.33
 26 to \$0.38/tablet (this does not include the dispensing fee per refill) and
 27 there are no taxes on prescription medication.

28
 29 She has 100 tablets/refill; thus, the per tablet cost is \$0.43 to \$0.48
 30 (\$0.33-0.38/tablet x 100 tablets/refill + \$10 average dispensing fee
 31 divided by 100 tablets).

32
 33 Then the estimated **yearly cost is from \$157 to \$175** (7 tablets/week x
 34 52 weeks/year x \$0.43-0.48/tablet).

- 35
 36 b. **Bupropion** – Two tablets/day, seven days/week (14 tablets/week).

37
 38 According to Pharmacy Compass, the more common range is from \$0.24
 39 to \$0.28/tablet (this does not include the dispensing fee per refill) and
 40 there are no taxes on prescription medication.

41
 42 She has 180 tablets/refill; thus, the per tablet cost is \$0.30 to \$0.34
 43 (\$0.24-0.28/tablet x 180 tablets/refill + \$10 average dispensing fee
 44 divided by 180 tablets).

45
 46 Then the estimated **yearly cost is from \$218 to \$248** (14 tablets/week x
 47 52 weeks/year x \$0.30-0.34/tablet).

48
 49

1 c. **Lyrica** – Four tablets/day, seven days/week (28 tablets/week).

2
3 According to Pharmacy Compass, the more common range is from \$0.25
4 to \$0.34/tablet (this does not include the dispensing fee per refill) and
5 there are no taxes on prescription medication.

6
7 She has 200 tablets/refill; thus, the per tablet cost is \$0.30 to \$0.39
8 (\$0.25-0.34/tablet x 200 tablets/refill + \$10 average dispensing fee
9 divided by 200 tablets).

10
11 Then the estimated **yearly cost is from \$437 to \$568** (28 tablets/week x
12 52 weeks/year x \$0.30-0.39/tablet).

13
14 d. **Cyclobenzaprine/Flexeril** – As needed, but estimated at two in the past
15 year.

16 At this time, this writer is **unable** to provide a precise cost estimate, as
17 the number of tablets/refill is presently unknown.

18
19 If such information becomes available at a later time, then this writer
20 may be able to provide a more accurate cost in an Addendum Report.
21

22 Other Considerations

23
24 1. Dr. Stone (Orthopaedic Surgeon) (Report dated Dec 5, 2019) opined:

- 25 • “Right shoulder...In some cases, an **arthroscopic debridement** of intra-articular
26 adhesions and capsular release.” (Page 6)
- 27 • “Left hip...Also **arthroscopy for debridement** of intra-articular adhesions/capsular
28 release could be considered, if, all non-operative modalities are unsuccessful.” (Page 6)
- 29 • “Spine...There are **no surgical treatments** that are recommended for this.” (Page 7)

30 Potential cost(s):

31
32 a. If surgery is required in the future, she will likely require **post-operative physiotherapy**.

33 I would defer to the physicians and therapists involved in her direct care for the precise
34 number of sessions required following surgery, as well as her response to the intervention
35 and subsequent treatments.

36
37 However, to assist the Court with potential costs, the following may apply:

- 38 • Again, Physiotherapists presently charge, on average, \$75-85 per session (there
39 are no applicable taxes for this service);
- 40 • In my clinical experience, following surgical intervention, individuals typically
41 attend physiotherapy two times/week for a minimum of eight weeks (16
42 sessions), which is then followed by a re-assessment by the attending
43 physiotherapist;

44
45 Based on the information above, the estimated **initial cost is from \$1,200 to**
46 **\$1,360** (16 sessions x \$75-85/sessions]) following each surgical procedure.
47
48

- 1 a. If she undergoes surgery, there will likely be a period of time that Ms. Grabovac will
 2 likely require **additional assistance, services and/or adaptive aids** including:
 3 i. An assessment from an Occupational Therapist to determine her needs at that
 4 time, as well as to provide recommendations for, for example, appropriate
 5 adaptive aids, et cetera;
 6 ii. Appropriate adaptive aids within the home or to allow access to the community;
 7 iii. Personal care assistance if her partner is unable to assist (if applicable);
 8 iv. An increase in homemaking services for her portion of the tasks for the duration
 9 that she is recovering from surgery;
 10 v. Possible transportation services if her partner is unavailable for assistance (if
 11 applicable);
 12

13 At this time, however, it is **not possible** to provide a precise cost estimate for all the
 14 services and/or aids that she may require, as well as the duration these items will be
 15 required as there are many factors that cannot be determined at the present time (i.e., her
 16 recovery response, her living situation, her functional abilities at that time, et cetera).
 17

18 2. Potential **future** medication:
 19

20 Again, the costs below for prescription medication were determined by contacting a local
 21 pharmacy or through research via Pharmacy Compass, which is an online tool developed by
 22 Pacific Blue Cross that helps to identify better value by comparing prescription medication prices
 23 at different pharmacies across British Columbia. It lists the average price based on the past three
 24 months from their claim database. It is updated monthly.
 25

26 Additionally, the dispensing fees between different pharmacies can vary, which will affect the
 27 end cost for prescription medication. The dispensing fee that Fair Pharmacare will reimburse is
 28 \$10.
 29

30 Furthermore, this writer will provide costs from more common organizations such as London
 31 Drugs, et cetera, as these are available to the public without additional fees.
 32

33 Moreover, this writer has provided costs based on the medication that has presently be prescribed
 34 for her usage.
 35

36 a. Dr. Anderson opined:

- 37 1. "I agree with Ms. Grabovac being prescribed Celexa and Wellbutrin at
 38 present...however, consideration could be given to **Cymbalta**..." (Page 27 and
 39 28)
 40 2. "...consider prescribing a low dose tricyclic antidepressant medication at night
 41 (e.g., **nortriptyline**) to improve Ms. Grabovac's sleep and reduce nighttime
 42 pain..." (Page 28)
 43

44 In terms of **Cymbalta**, at this time, this writer is **unable** to provide a precise cost
 45 estimate, as many details are currently unknown such as the dosage, frequency of
 46 use, et cetera. If such information becomes available, this writer may be able to
 47 provide more accurate costs in an Addendum Report.
 48

49 However, to assist the Court regarding potential future care:

- According to Pharmacy Compass, there are dosages of 30 mg and 60 mg:
 - 30 mg – The more common range is from \$0.52 to \$0.58/tablet (this does not include the dispensing fee per refill);
 - 60 mg – The more common range is from \$1.07 to \$1.17/tablet (this does not include the dispensing fee per refill);

In terms of **Nortriptyline (aka, Aventyl)**, at this time, this writer is **unable** to provide a precise cost estimate, as many details are currently unknown such as the dosage, frequency of use, et cetera. If such information becomes available, this writer may be able to provide more accurate costs in an Addendum Report.

However, to assist the Court regarding potential future care:

- According to Pharmacy Compass, there are dosages of 10 mg up to 25 mg:
 - 10 mg – The more common range is from \$0.28 to \$0.32/tablet (this does not include the dispensing fee per refill);
 - 25 mg – The more common range is from \$0.58 to \$0.63/tablet (this does not include the dispensing fee per refill);

- b. Dr. Medvedev opined, "...I wonder if she might benefit from a trial of **botulinum toxin injections** for the management of her headaches." (Page 10)

Regarding Botox, at this time, this writer is **unable** to provide a precise cost estimate, as many of the details are unclear (i.e., dosage, the areas of the body where this will be used, if this might be beneficial, where she is to obtain these injections, et cetera). If such information becomes available, this writer may be able to provide more accurate costs in an Addendum Report.

However, to assist the Court regarding potential costs:

- Botox treatments are not covered through MSP; however, such an intervention may be covered by extended health plans;
- Many offices can provide the injection but may or may not **provide the substance** (i.e., Botox); thus, this must be obtained by the client. The cost of this substance is:
 - Change Pain charges a \$200 injection fee (no taxes);
 - Change Pain - \$900 for the medication fee;
 - London Drugs (price includes the dispensing fee):
 - 50 units - \$202.78;
 - 100 units - \$395;
 - 200 units - \$785;
 - Shoppers Drug Mart (price includes the dispensing fee):
 - 50 units - \$217.77;
 - 100 units - \$417.58;
 - 200 units - \$824.56;
 - Walmart (price includes the dispensing fee):
 - 50 units - \$197.43;
 - 100 units - \$367;

1 o 200 units - \$724;

- 2 2. Dr. Stone opined, "It is my opinion that she will requires assistance with **heavier domestic tasks**
3 and that she should slowly attempt to increase her activities and functionality." (Page 7)

4
5 Dr. Medvedev opined, "I expect Ms. Grabovac will require **home-care assistance** with heavier
6 tasks including care for children." (Page 9)

7
8 **Potential cost(s):**

9
10 At this time, it is difficult to predict the precise amount of assistance that Ms. Grabovac will
11 require in terms of homemaking in the future, as there several variables that would affect this end
12 cost (i.e., her physical/functional abilities and limitations at the time, the precise size and make-up
13 of her future residence, et cetera).

14
15 Such assistance would not be to completely replace the tasks that she finds difficult but would
16 allow her assistance with moderate to heavier chores or repetitive activities that significantly and
17 negatively impact her capacity to remain safe and functional.

18
19 In accordance with the medical opinions, I would also encourage her to remain as active as
20 possible participating in her avocational activities as a form of physical and functional activity.

21
22 However, to assist the Court:

- 23 a. I have been asked to assume that she and her partner will marry within six years, which
24 assumes that she will be around 30 years of age;
25
26 b. I have also been asked to assume that her future residence will be in Vancouver and will
27 be about 1,000 square feet;
28
29 c. Based on the Statistics Canada's 2005 General Social Survey Overview of the Time Use
30 of Canadians in 2005 (Statistics Canada - Cat. No. 12F0080XIE), women aged 25 to 34
31 perform, on average, 0.8 hours on cooking/washing up, one hour on
32 housework/housekeeping, and 0.9 for shopping for goods/services for a total of 2.7 hours
33 per day (or 18.9 hours per week) on cleaning, housework or home related activities.

34
35 According to the Statistics Canada's 2015 General Social Survey, females in Canada
36 aged 25 to 34, on average, spend about two hours/day on household chores (two
37 hours/day in BC) and 0.5 hours on shopping for goods/services (0.4 hours/day in BC) for
38 a total of 2.5 hours per day (or 17.5 hours/week; 2.4 hours/day or 16.8 hours/week in BC)
39 on cleaning, shopping, and housework. This is comparable to the 2005 study.

40
41 According to the American Time Use Survey (2018), females ages 25 to 34 years of age
42 in the USA, on average, spend about 1.99 hours/day on household activities and 0.74 on
43 purchasing goods and services (2.73 hours/day or 19.11 hours/week). This is comparable
44 to the 2005 and 2015 Stats Canada studies.

- 45
46 d. In terms of rates in Vancouver:
47 • Classic Lifecare (604-263-3621) in the Lower Mainland presently charges \$32.75/hr
48 (plus GST; with a two-hour minimum) for homemaking;

- Evergreen nursing (604-264-7959) charges \$31.50/hr (daytime) or \$32.50/hr (nighttime) plus GST (three-hour minimum);
- Right at Home Canada (604-563-4663) charges \$34/hr plus GST (four hour minimum);

This writer acknowledges that it is possible to obtain non-licensed services at a lesser rate; however, there are liability issues hiring an individual without WCB coverage or disability insurance. In my opinion, it is reasonable to use licensed services in order to avoid any liability concerns.

Based on the information listed above, assuming the prognosis that her limitations will persist, assuming that her partner will participate in some domestic activities, and that she is still encouraged to participate in lighter tasks, I anticipate that at least **two to three hours every two weeks** of assistance with heavier domestic tasks is reasonable. Thus, the **estimated yearly cost is from \$1,455 to \$2,356** (2-3 hours/2 weeks x 2 times/month x 11 months/year [assuming that she and her husband will have at least four weeks of vacation] x \$31.50-34/hour x 5% GST).

3. Dr. Anderson stated, "I would suggest that an occupational therapist assess Ms. Grabovac in her home to determine whether homemaking assistance would be required if she were to live on her own or **start a family**. An occupational therapist needs to determine whether child care assistance would be required in the future if Ms. Grabovac were to have children." (Page 29)

Dr. Medvedev opined, "I have some concerns about a worsening of her symptoms should she become pregnant and decide to have **children**...I expect Ms. Grabovac will require home-care assistance with heavier tasks including care for children." (Page 9)

Potential cost(s):

If Ms. Grabovac were to have **children**:

- a. I would defer to experts such as Dr. Anderson in terms of the **full potential psychiatric and/or psychological implications**;
- b. In terms of potential **child care assistance**, there are several considerations:
 1. Based on the assumptions I was asked to make:
 - a. Her partner will be working full-time; thus, she will require assistance during the working day and work week, as her partner will likely be available to assist outside his work hours (assuming after an eight-hour day) or on his days off (assuming to be two days/week);
 - b. They will reside in Vancouver in a condominium that is about 1,000 square feet; thus, a live-in caregiver/assistance is unlikely, as there would likely be insufficient number of rooms available. In other words, they will require a live-out caregiver/assistance.
 - a. Assistance will be required in the Vancouver area;
 - c. Ms. Grabovac would like to return to work after a standard, 18-month maternity leave; thus, regular assistance is estimated for a period of 18-

1 months after each child, as they would have likely needed assistance
 2 (i.e., Nanny/Caregiver, family, day-care, et cetera) after this period to
 3 allow them to work;
 4

5 2.A summary of the F/WCE findings include (but are not limited to):

- 6 • She demonstrated the capacity to handle loads requiring
 7 sedentary/limited strength (i.e., up to ten lbs with two hands);
- 8 • She did not demonstrate any significant functional limitations with tasks
 9 involving hand dexterity with her left, grasping with either hands,
 10 horizontal and vertical reaching with her left upper extremity, balancing,
 11 and intermittent periods of walking and climbing (although she favoured
 12 her left lower extremity/side);
- 13 • Her capacity for crouching and kneeling were not formally assessed, as
 14 she reported that she did not feel safe to progress to tasks requiring these
 15 body positions. However, during testing, she was observed to be able to
 16 intermittently squat and/or crouch;
- 17 • She, however, demonstrated functional limitations with tasks that applied
 18 stress to her neck/upper back when completing tasks requiring, for
 19 example, sustained head/neck positions;
- 20 • She also demonstrated functional limitations with tasks that applied
 21 stress to her right shoulder and right upper extremity when completing
 22 tasks requiring, for example, repetitive and prolonged horizontal and
 23 vertical reaching, hand dexterity, and load handling (i.e., lifting and
 24 carrying);
- 25 • Additionally, she demonstrated functional limitations with tasks that
 26 applied stress to her middle to lower back and hips when completing
 27 tasks requiring, for example, repetitive bending and squatting, prolonged
 28 stooping, prolonged sitting, prolonged standing (especially when
 29 combined with tasks involving bending/stooping and squatting), and load
 30 handling (i.e., lifting and carrying).
 31

32 3.The US Department of Labour’s American Time Use Survey for 2018 found that:

- 33 a. Children under the age of six (6) years-old required more than twice as
 34 much primary care versus children six (6) years-old and older;
- 35 b. Women spend about 2.71 hours per day on caring for household children
 36 under six (6) years of age as a “primary activity” (i.e., engaging in the
 37 main activity [not including “secondary care”, which is having the child
 38 present while engaging in another activity]), which is further divided
 39 into:
 - 40 • 1.12 hours on physical care;
 - 41 • 0.12 hours on education-related activities;
 - 42 • 0.08 hours reading to children;
 - 43 • 0.05 hours talking to children;
 - 44 • 0.64 hours playing/doing hobbies with children;
 - 45 • 0.19 hours looking after children;
 - 46 • 0.04 hours attending children’s events;
 - 47 • 0.27 hours travel related to care of household children;
 - 48 • 0.20 hours for other childcare activities.

- 1 c. Unemployed adults spend over an hour more per day caring for and
2 helping household children versus employed adults;
3

4 Due to her physical limitations involving her neck, right shoulder/upper body,
5 middle to lower back and hips, Ms. Grabovac will likely require assistance
6 performing the “physical care”, “playing/doing hobbies with her children”,
7 “looking after children, “travel”, and “other childcare activities”. Thus, based on
8 this Survey, this is estimated at about 16.94 hours/week on the above tasks [(1.12
9 + 0.64 + 0.19 + 0.27 + 0.20 hours = 2.42 hours/day) x 7 days].
10

11 Based on discussions with professional agencies, most Nanny and Live-Out
12 Nannies have a minimum number of hours that they will work per shift (i.e., four
13 hours at a minimum was recommended), so having hired assistance come into the
14 home for, for example, three hours on a daily basis is unrealistic.
15

16 Based on the above information, the prognosis that her physical/functional
17 limitations will likely persistent, the results of this writer’s F/WCE, and this
18 writer’s experience, it is this writer opinion that she will require the full
19 assistance, as outlined by the ATUS Survey; in other words, four hours/day of
20 assistance.
21

22 When coupled with the prognosis that her psychological/emotional limitations
23 will likely persist, the results of the F/WCE, and this writer’s experience, it is this
24 writer’s opinion that she will require additional assistance per day.
25

26 In totality, it is my opinion that Ms. Grabovac will require childcare assistance of
27 **six to eight hours/day, five days/week (30-40 hours/week)**.
28

29 For cost determination, this writer has considered the following:

- 30 d. This writer has reviewed information regarding the Temporary Foreign
31 Worker Program (TFWP). Based on this writer’s review, the applicant
32 must complete a LMIA (Labour Market Impact Assessment) and receive
33 a “positive” LMIA (i.e., an approval). Essentially the LMIA is an
34 assessment to determine if an occupation is limited or absent in the
35 economy and the impact(s) to the Canadian economy. Upon this writer’s
36 review, there appears to be several applicants in the local area that are
37 able to provide this Nanny/Caregiver service; thus, it is unclear if a
38 “positive” LMIA will likely occur/be accepted;
39
- 40 e. This writer also reviewed Au Pair Services (www.aupairworld.com).
41 However, this requires that the host family provide living quarters for the
42 Au Pair, and as previously stated, Ms. Grabovac’s assumed future
43 residence will not have sufficient space; thus, this option would not
44 likely apply;
45
- 46 f. There are many factors that affect the cost of services for a
47 Nanny/Caregiver (i.e., Live-in versus Live-out Nanny, the individual’s
48 level of experience, the number and age(s) of the children that are being
49 cared for, et cetera). Additionally, the cost will vary depending on

1 whether the Nanny/Caregiver is being hired directly or through an
2 agency.

3
4 This writer acknowledges that it is possible to acquire Nanny services
5 without the use of a placement agency (i.e., private), as there would be a
6 cost savings of the agency and administration fees that are noted below,
7 as well as the per hourly rate of the Nanny/Caregiver. However, there
8 can be issues with liability, insurance, training, experience, potential
9 safety, et cetera. Additionally, there are important steps to take prior to
10 hiring a Nanny (i.e. criminal records checks, reference checks,
11 interviews, proper training/education, et cetera).

12
13 Thus, this writer has considered hiring a Nanny through an agency, as
14 they assist with many of the services listed above.

15
16 Nannies on Call (www.nanniesoncall.com) is a Nanny placement service
17 in the Greater Vancouver area. The following was obtained:

- 18 • They assist individuals to find and secure a Nanny in assistance in
19 their home;
- 20 • There is an initial \$299 administration fee + 5% GST;
- 21 • There is an one-time agency fee, which is equivalent to 14% of the
22 nanny's annual gross salary or a minimum of \$3,000 plus 5% GST;
- 23 • The cost for a part-time Nanny in the Greater Vancouver area ranges
24 from \$20 to \$26 per hour;
- 25 • The Nanny is an employee of the family (i.e., the employer); thus, in
26 addition to the salary of the Nanny, the employer must also
27 contribute to their Canada Pension Plan (CPP), Employment
28 Insurance (EI) and provide Workers Compensation coverage. The
29 associate recommended factoring in an additional 8% of the gross
30 salary to cover these costs. To assist the Court with determining
31 potential future care costs, this writer has used this percentage in the
32 calculations below; however, this writer would defer to the
33 appropriate experts to determine the exact costs associated with those
34 items;
- 35 • The associate reported that the costs above do not include any
36 additional accounting or business fees;

37
38 Based on the above information, the gross salary for the nanny is
39 \$44,400 to \$76,960 (\$20-\$26/hour x 6-8 hours/day x 5 days/week x 74
40 weeks [78 weeks – an estimated 4 weeks' vacation for the worker and
41 her family]). The additional cost for CPP, EI and WCB coverage would
42 be about \$3,552 to \$6,157 (\$59,200-76,960 x 8%). As such, the total
43 estimated cost for 18-months for nanny services would be from \$47,952
44 to \$83,117.

45
46 Presently, the one-time agency fee is \$3,150.00 (\$3000 + 5% GST) and
47 the one-time administration fee is \$313.95 (\$299 + 5% GST).
48

1 The **total estimated cost for the first 18-months is from \$51,415.95 to**
 2 **\$86,580.95 per child.**

3
 4 **Note:** During the period that Ms. Grabovac receives assistance from a
 5 Nanny/Caregiver, if the worker is able to perform some housecleaning
 6 tasks, then the estimation for domestic assistance (as previously
 7 discussed) will likely require a downward adjustment.

8
 9 4. Due to her limitations, it is likely that she will require **some respite care** until
 10 each child can ambulate and perform some activities independently with verbal
 11 cueing (described below).

12
 13 At this time, it is difficult to predict the child's function and whether more or less
 14 assistance for the child (or children) is required. Additionally, there are several
 15 factors that affect the amount of child care assistance (i.e., husband's work, Ms.
 16 Grabovac's future work, Ms. Grabovac's functional abilities and limitations at
 17 the time, if they are able to find appropriate daycare assistance, et cetera).
 18 However, assuming the prognosis that her physical/functional and
 19 psychological/emotional limitations will likely persist, she will likely require
 20 respite child care assistance when she is not working.

21
 22 To assist the Court, the following information may apply:

- 23 • The associate at Nannies On Call reported that Nanny services could also be
 24 obtained through their on-call service. However, this service is not
 25 guaranteed and is an appointment-based service with Nannies that are
 26 independent contractors. The associate reported that the Nanny would not be
 27 the same person for each appointment, as whomever is available would fill
 28 the placement request;
- 29 • The present rate is \$19 per hour in Vancouver and there is an additional
 30 booking fee;
- 31 • The booking fee is typically \$33 plus GST/booking, but a package of ten (10)
 32 bookings can be purchased for \$230 plus GST (or \$24.15/booking). The
 33 associate reported that there is a four-hour minimum charge;
- 34 • Again, based on ATUS, children under the age of six require nearly double
 35 the amount of physical care; however, each child develops differently, thus, I
 36 anticipate assistance will be required sometime between four to six years of
 37 age;

38
 39 Based on the information above, I anticipate that Ms. Grabovac **four to eight**
 40 **hours of assistance/week until each child is four to six years of age** is
 41 reasonable.

42
 43 The estimated cost from 18 months to two years of age is **from \$2,404 to \$4,228**
 44 ({[\$19/hour x 4-8 hours/week] + \$24.15 booking fee [if a package of ten is
 45 purchased]} x 24 weeks [assuming her and her husband make take four weeks off
 46 for vacation]).

47
 48 The estimated cost from two years of age to four or six years of age is **from**
 49 **\$9,614 to \$33,821** ({[\$19/hour x 4-8 hours/week] + \$24.15 booking fee [if a

1 package of ten is purchased]} x 48 weeks/year [assuming her and her husband
2 make take four weeks off for vacation] x 2-4 years)
3

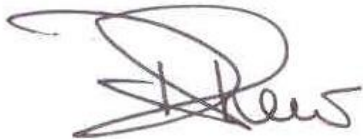
4 This concludes my report.
5

6 Following the submission of this report, revisions may be required if any relevant medical, psychological,
7 and collateral information become available.
8

9 For medical legal purposes, I, Mr. Dominic Shew, am the person responsible for the evaluation as well as
10 this report. I am a registered Occupational Therapist having graduated from the Faculty of Rehabilitation
11 Sciences at the University of British Columbia in 2003. I am certified by the Canadian Association of
12 Occupational Therapists (CAOT) and registered to practice through the College of Occupational
13 Therapists of British Columbia (COTBC). For details of my qualifications, see *Appendix C* attached.
14

15 Should you have any questions or require additional assistance, please do not hesitate to contact me.
16

17 Sincerely,
18 Harbourview Rehabilitation
19 Occupational Health Consultants Ltd.



20
21 Mr. Dominic Shew, *B.Sc. OT, B.Sc. CGBi*
22 *Occupational Therapist*
23 *Certified Work/Functional Capacity Evaluator (CWCE/CFCE), Advanced*
24 *Certified EPIC Lifting Capacity Evaluator*
25

Appendix A – Clinical and Update Interview

Background Information

Ms. Grabovac stated that on Aug 12, 2015 and Feb 23, 2018, she was involved in motor vehicle accidents whereby she sustained injuries.

Treatments:

1. Physiotherapy (including IMS and Acupuncture), Chiropractic sessions, Massage Therapy, Osteopathy, Kinesiology, In-Patient Rehab program (when she was in Serbia), Psychology, and Cortisone Injection in her right shoulder;
2. Currently, she is involved in the following:
 - a. Physiotherapy (including IMS and Acupuncture), three times/week (PerforMax)
 - i. She believed that these sessions have improved the strength in her right shoulder and upper extremity/hand (grip) and left lower extremity/leg “a bit”;
 - ii. She stated that she has not noticed an improvement in her mobility or symptoms with these sessions;
 - b. Kinesiology (KARP Rehab), one to two times/week
 - i. She feels that stretching “feels good in the moment” in her left hip and left leg, right shoulder, and throughout her entire spine (neck to lower back);
 - c. Massage Therapy (PerformMax), once/week
 - i. She feels that these sessions are, “getting the knobs...releases...for the moment” in her right shoulder and lower back;
 - d. Occupational Therapy (unsure of firm)
 - i. Just seen once so far (she anticipates follow-up once every couple of weeks);
 - ii. This individual discussed assistance with tasks such as cooking and personal care (shaving her legs);
 - e. Psychology (Dr. Christopher Jones), once/week
 - i. She feels these sessions are beneficial;

Presently, she is involved in the following:

1. Current treatments – PT, MT, Kin, OT, and Psychology;
2. Follow up sessions with her GP about once/six weeks;
3. For exercise:
 - a. She goes for daily walks with her dog but she described that she has to take a break every ten minutes due to her symptoms;
 - b. At home, she performs the stretches and exercises provided by her PT and Kin;

During the **update interview** on Jan 15, 2020, she reported the following regarding treatment:

1. She continues to attend Physiotherapy (PerforMax) three times/week for her right shoulder, lower back, and left hip. She receives IMS, Acu-Stim, exercises, stretches, and heat. She stated that with these sessions, “I notice when I don’t go...soreness”;

2. She no longer attends sessions with a Kinesiologist at KARP Rehab. She currently attends Kinesiology sessions at PerforMax at a frequency of once/week (she was unsure of the number of sessions, but she has attended three sessions thus far). Following these sessions she stated that she is “very rough afterwards”;
3. She continues to attend massage therapy at PerforMax at a frequency of once/week (60 minute sessions). She finds these sessions beneficial;
4. She continues to attend sessions with an Occupational Therapist at a frequency of about one session every two weeks. She finds these sessions beneficial. This individual is currently assisting with sleep hygiene and providing her information regarding stress management.
5. She continues to attend sessions with her Psychologist (Dr. Christopher Jones) at a frequency of about once every two weeks. She finds these sessions beneficial;

During the clinical interview, she reported that she has been assessed due to a past family history of heart arrhythmias and because she has had heart palpitations but she has not been formally diagnosed with any specific condition. Other than this, she does not have any additional metabolic or cardiovascular conditions, for example, Asthma, Diabetes, High Blood Pressure, et cetera, that she is aware of that would affect her present physical or functional capacity, and more specifically, her ability to fully engage in the F/WCE.

She is not a smoker.

Injuries or accidents since the MVA in 2018

1. No additional injuries;
2. She reported that in Sept 2015, she was involved in another MVA. She was in a stationary vehicle in the passenger seat, and another vehicle attempted to park and hit the vehicle she was in. From this accident, she felt her injuries from the Aug 2015 MVA were aggravated but there were no new injuries.

Past Medical History

Past MVA's:

1. She reported that she has been involved in the following previous MVAs:
 - a. She reported that when she was about four to five years old, she was a pedestrian and was hit by a vehicle. From this accident, she experienced right knee and lower back symptoms and “mental stuff...severe anxiety...PTS...”;
 - b. She reported that in about 2000, she was in a vehicle that was hit from behind. From this accident, she had a laceration on her face;
 - c. She reported that in about 2010, she was in a vehicle that was hit head-on. She did not sustain any injuries from this accident;

Past work-related accidents:

1. None

Surgeries:

1. None

Other injuries:

1. She reported that when she was about 13 years old, she partially tore her right ACL. She did not receive surgery. She attended PT and wore an immobilizing brace over her right knee area. She believed that she fully recovered after about three months.

She stated that prior to the MVA in Aug 2015, she fully recovered from her previous physical injuries but she was still attempting to manage her mental health (she listed anxiety, depression and PTSD; she reported that she was not taking any medication for these conditions). She reported that prior to the MVA in Aug 2015, from a physical standpoint, she did not have any limitations; however, she had difficulties managing the stress of her post-secondary school due to her mental health concerns.

Vocational History**Pre-accident:**

She reported that the time of the MVA in Aug 2015, she was in full-time school (five days/week, eight to 12 hours/day) at the Vancouver College of Dental Hygiene. She reported that she had difficulties managing the stress of the workload but did not have any physical limitations.

Post-accident:**School**

She reported that she completed her schooling to become a Registered Dental Hygienist (DH) in Jan 2017. However, she reported that after the MVA in Aug 2015, she had difficulties managing the positioning, physically, as well as having difficulties managing the stress of the work load. She reported that she did not take any time away from school following the MVA in 2015.

She reported that in about Jan 2019, she completed one out of ten courses in the Provincial Instructor Diploma Program and then discontinued because she was not enjoying it.

She stated that she has continued to take continuing education courses in order to continue to be registered as a DH.

Currently, she reported that she is enrolled in an online program through the Thompson Rivers University in the BSc Health Science program (started on Aug 30, 2019) because she is “trying to stimulate my brain”. She is currently taking a total of three courses.

Work

She reported that in about March 2017, she began working part-time (as a “temp”) as a DH for various different clinics. She estimated that she worked about two to five days/week, typically eight to nine hours/shift. She continued this position until Nov 2017 (overlapping with Dr. Fiorvento). She reported that her duties always remained as a DH (did not vary significantly from the typical demands; i.e., procedures with patients were typically one hour/patient, but up to two hours if the patient has not been in for a long time). She reported that she did not have any physical restrictions performing this work (she reported that she felt she recovered to about “99%” from her physical injuries from the MVA in Aug 2015).

She also reported that she began working as a DH with Dr. Fiorvento in about June 2017 and continued until about Feb 2018. She reported that she did not have any physical or non-physical/mental restrictions performing this work (she reported that she felt she recovered to about “99%” from her physical injuries from the MVA in Aug 2015).

1 She also reported that she began working as a DH with Dr. Yeung in about Nov 2017 and continued until
2 about Feb 2018. She reported that she did not have any physical or non-physical/mental restrictions
3 performing this work (she reported that she felt she recovered to about “99%” from her physical injuries
4 from the MVA in Aug 2015).

5
6 She reported that she was working for Dr. Yeung (two days/week, eight to ten hours/shift) and Dr.
7 Fiorvento (three days/week, eight to ten hours/shift) at the time of the MVA in Feb 2018. She reported
8 that she did not have any physical or non-physical/mental restrictions performing this work (she reported
9 that she felt she recovered to about “99%” from her physical injuries from the MVA in Aug 2015).

10
11 She reported that she has not returned to her previous work as a DH following the MVA in Feb 2018.

12
13 She reported that in Jan to Feb 2019, she worked as a background extra/actress (total of four days). She
14 reported that she sat in the background, walked around, or stayed in the background (when asked, she
15 reported that she did not have to handle any amounts of loads or perform any other physical demands).
16 She stated that she was able to manage this position.

17
18 She stated that she has not performed any other form of paid employment since the MVA in Feb 2018.

19
20 During the **update interview** on Jan 15, 2020, she related that her vocational status has not changed.

21 **Symptomatic Reports**

22 During the clinical interview, the following symptomatic concerns were reported:

Symptom / Concern	Frequency	Other Comments
Symptoms from her neck to her lower back She also reported headaches when her neck symptoms increase	Daily, constant, as well as activity dependent	<ul style="list-style-type: none"> Aggravated by tasks that require her to look up (i.e., watching TV) or look down (i.e., reading, sweeping, et cetera) or to turn her head (i.e., when turning when walking her dog), and bend forward (i.e., sweeping, shaving her legs, et cetera). This area is also aggravated when walking her dog.
Right shoulder and right upper extremity (inside of upper arm and forearm/ulnar side and fourth and fifth digits) symptoms	Daily, activity dependent	<ul style="list-style-type: none"> Aggravated by tasks requiring reaching such as when holding the leash when walking her dog, reaching up for cups from a cupboard or when washing her hair, carrying loads, et cetera.
Left hip and left lower extremity (hamstring, knee, calf, and into her toes) symptoms	Daily, activity dependent	<ul style="list-style-type: none"> Aggravated by running for the bus, crouching down when she is cleaning down low (she reported that she sticks out her leg to the side), et cetera.
Anxiety, depression, and PTSD		<ul style="list-style-type: none"> Not discussed in the context of this F/WCE;

25
26 During the **update interview** on Jan 15, 2020, she reported that she continues to experience symptoms
27 and limitations in the same areas.

Medication

She reported that she is using the following medications:

1. Citalopram (20 mg) - one tablet/day, seven days/week;

During the **update interview** on Jan 15, 2020, she reported that this medication has been changed to CipraleX (Escitalopram [02397358], 10 mg, one tablet/daily, seven days/week; 100 tablets/refill);

2. Bupropion (150 mg) - two tablets/day, seven days/week;

During the **update interview** on Jan 15, 2020, this medication and frequency have not changed (02275082, 150 mg SR, 180 tablets/refill).

3. Lyrica (50 mg) - four tablets/day, seven days/week;

During the **update interview** on Jan 15, 2020, this medication and frequency have not changed (02359618, 50 mg, 200 tablets/refill).

4. ES Advil (400 mg) – as needed, but on average, in the last two weeks, she has taken five to six tablets;

During the **update interview** on Jan 15, 2020, this medication and frequency have not changed.

5. Flexeril (10 mg) – as needed, but she estimated about two in the past year;

During the **update interview** on Jan 15, 2020, this medication and frequency have not changed.

6. Robaxacet – as needed, but she estimated that she went through a box in the past year;

During the **update interview** on Jan 15, 2020, this medication and frequency have not changed.

Pre and Post Level of ActivityPre-accident:

She reported that at the time of the MVA in Aug 2015, she was residing with her parents and her grandparents in a house that her parents owned in Coquitlam (she and her parents occupied the upstairs; her grandparents occupied the basement). There were four bedrooms, four bathrooms, two kitchens (up and down), three living rooms, one dining room, a front and back yard, and a two-car garage.

In terms of inside cleaning tasks (i.e., vacuuming, cleaning bathrooms, et cetera), she reported that she and her parents equally shared the inside cleaning tasks. She stated that she was physically unrestricted with such tasks before the MVA in 2015.

Regarding home maintenance tasks and repairs, her father managed these activities. She assisted periodically with snow shoveling.

In terms of gardening or yard work, her mother completed these activities.

1 With respect to leisure activities, she reported that prior to the MVA in Aug 2015, she went to the gym,
2 went for runs, read, watched TV, and participated in social activities with friends and family. She also
3 reported that prior to the MVA in 2018, she was on two sport teams (soccer and volleyball), went biking,
4 and traveled. She stated that she was physically unrestricted with such tasks before the MVA in 2015.
5

6 Regarding BADLs and transportation, she stated that she was fully independent. She stated that she was
7 physically unrestricted with such tasks before the MVA in 2015; however, she reported that she avoided
8 driving on highways due to anxiety.
9

10 Post-accident:

11 Presently, she reported that she is residing with her parents in a different house in Coquitlam (they occupy
12 the entire house; she reported that she just moved into her parent's residence last night because before
13 this, they are renovating and she was residing at her sister's residence). This residence has five bedrooms,
14 four bathrooms, two kitchens (up and down), three living rooms, two dining rooms, a front and back yard,
15 and a two-car garage.
16

17 In terms of inside cleaning tasks, she reported that when residing with her sister, she assisted with tasks
18 such as loading/unloading the dishwasher, periodic sweeping, and periodic completion of the laundry (her
19 sister would do the rest of the tasks). At her parents residence, they manage the rest of the tasks.
20

21 During the **update interview** on Jan 15, 2020, she reported that she continues to reside in
22 Coquitlam with her parents. In terms of inside cleaning tasks, she estimated that she only
23 completes about 5% of the general cleaning tasks (versus about 1/3 pre-August 2015 accident).
24 She stated that she puts away her own dishes (she does not wash dishes or move dishes from the
25 dishwasher). She cleans her room, which includes making her bed and minor tidying (i.e.,
26 clothes) but her parents vacuum the floor. She does not complete tasks such as laundry, cleaning
27 of the bathrooms, cleaning of countertops, cetera.
28

29 In terms of leisure activities, she reported that she crochets, watches TV, periodically reads, and goes for
30 walks. She has travelled, but has difficulties with the long periods of sitting and the "stress" with the
31 traveling. She reported that she has not returned to the other activities listed above since the MVA in
32 2018.
33

34 Regarding BADLs and transportation, she stated that she is independent with her BADLs, but she has the
35 most difficulties shaving her legs due to the need to bend down. She is able to drive a vehicle, but she
36 avoids this activity because of the shoulder checking (which aggravates her neck), the need to hold out
37 her right arm (which aggravates her right shoulder symptoms) and because, "I'm scared".
38
39

Appendix B - Medical Documentation Reviewed

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1. Report of Dr. Anderson (Psychiatrist), dated Nov 23, 2019;
2. Report of Dr. Hirsch (Physiatrist), dated Dec 2, 2019;
3. Report of Dr. Stone (Orthopaedic Surgeon), dated Dec 5, 2019;
4. Report of Dr. Medvedev (Neurologist), dated Dec 24, 2019);

Appendix C – Summary Examiner Qualifications

1
2
3 I, Mr. Dominic Shew, am a registered Occupational Therapist having graduated from the Faculty of Rehabilitation
4 Sciences at the University of British Columbia in 2003. I am certified by the Canadian Association of Occupational
5 Therapists (CAOT) and registered to practice through the College of Occupational Therapists of British Columbia
6 (COTBC).

7
8 Throughout my undergraduate training, I have completed clinical internships in Pediatric, Adult, and Geriatric
9 Psychiatry; Physical Medicine; Neurological Rehabilitation; and Occupational Rehabilitation Programs in British
10 Columbia, Canada.

11
12 Over the past 20 years, I have worked in public and private rehabilitation settings and have specialized in the areas
13 of Case Management, Industrial/Vocational Rehabilitation, Jobsite Evaluations (JSE), Ergonomic Assessments,
14 Functional/Work Capacity Evaluations (FCE's/WCE's) and Life Care Planning (LCP)/Cost of Future Care (CFC)
15 assessments of individuals with various orthopedic, spinal cord, psychological and neurological deficits including
16 Traumatic Brain Injury (TBI).

17
18 I have met and completed all of the requirements through Roy Matheson & Associates (RMA) to be recognized as a
19 "Certified Work/Functional Capacity Evaluator" (CWCE/CFCE) in the area of Functional/Work Capacity
20 Evaluation (FCE/WCE) testing. I also completed the FCE with Traumatic Brain Injury (TBI) and Concussion course
21 (currently referred to as Cognitive FCE course) through RMA. In addition, I completed the Advanced FCE course
22 through RMA's FCE mastery series regarding current and advanced knowledge of FCE testing. I have completed the
23 Employment Potential Improvement Corporation (EPIC) Lifting Capacity Certification Course to become a
24 Certified EPIC Lifting Capacity Evaluator.

25
26 I have also participated in the Assessment of Motor and Process Skills (AMPS) course. In addition, I completed the
27 Roy Matheson and Associates course regarding Life Care Planning/Cost of Future Care. I also completed all six
28 modules of the Canadian Certified Life Care Planner Program through the University of Florida. I have also
29 completed in the updated, two-day Matheson and Associates Cost of Future Care/Life Care Planning Certification
30 course.

31
32 I have been accepted as an expert witness in the Supreme Court of British Columbia regarding Occupational
33 Therapy, Functional/Work Capacity Evaluations and Life Care Planning/Cost of Future Care assessments and
34 reporting.

35
36 I have experience consulting with employers and the Workers' Compensation Board (WCB) in various industrial
37 settings with respect to ergonomics and rehabilitation management. I also have experience working with the
38 Insurance Corporation of British Columbia (ICBC) regarding Rehabilitation/Case Management, Functional Capacity
39 Evaluations, physical demand analysis and testing, and individuals with Traumatic Brain Injuries (TBIs). Finally, I
40 have consulted and worked in combination with various health care professionals such as, General Practitioners,
41 Orthopedic Surgeons, Psychologists, Vocational Counselors, Physiotherapists and Kinesiologists in order to
42 facilitate the most appropriate rehabilitation for individuals with various orthopedic, neurological and/or
43 psychological complications.

44
45 Beyond my clinical experience, over 20 years I have competed and coached at a regional, national, international and
46 world level regarding paddling sports such as Dragon Boat, Outrigger Canoeing, and Flatwater Kayaking. I have
47 also completed the National Coaching Certification Program (NCCP) Competition A/Level 1, B/Level 2 and Level 3
48 modules. In addition, I have been a course instructor for the Dragon Boat Canada Certification Course/Program for
49 Western Canada and for conferences within North America and participated as a speaker for the North American
50 Dragon Boat Conference. From these experiences, I have it is my opinion that I have gained knowledge regarding
51 individual and team/group motivation, injury prevention, biomechanical/functional analysis and assessment,
52 organizational long-term planning and rehabilitation following injury.