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PACIFIC REHABILITATION MEDICINE

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April 28, 2021

Ms. Julie Gagnon
Kaz Law Injury Lawyers
570 Granville Street – Suite 1900
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Dear Ms. Gagnon:

Re: Daniela Grabovac
DOB: May 29, 1995
MVA: August 12, 2015 & February 23, 2018
Your File No: 25426-1

At your request I re-evaluated Ms. Daniela Grabovac in my office in Vancouver on April 28, 2021. The facts and assumptions on which my opinions in this report are based are itemized below and have been extracted from the documents sent to me for review (Appendix 2) as well as my history and physical examination findings (Appendix 1). I am the sole person responsible for this evaluation and the content of this report.

Prior to the commencement of the interview, Ms. Grabovac filled out a COVID-19 screening form, which indicated that she had no confirmed diagnosis of COVID-19, that she had no close contact with anyone diagnosed with COVID-19 during the preceding fourteen days, and that she had no symptoms associated with COVID-19 such as unexplained fever, cough, sore throat, and/or nasal discharge in the preceding fourteen days. Furthermore, she had no risk factors such as a chronic lung or cardiac condition, renal failure, liver disease, or diabetes mellitus.

The interview was conducted with both the examiner as well as Ms. Grabovac wearing a face mask. The examination was performed with both the examiner as well as Ms. Grabovac wearing a face mask and gown, and the examiner wearing gloves. The office of the examiner and the examination room were sanitized after the assessment was completed.

This report has been prepared with the clear understanding that it is my duty to assist the court and that I am not advocating for any party. This report has been prepared in conformity with my duty to the court. If called upon to give oral or written testimony, I will do so in conformity with my duty.

The purpose of this report is to delineate the nature of the injuries Ms. Grabovac incurred in the subject motor vehicle accident, to explore possible confounding factors, as well as to address possible further investigations, treatment, prognosis, care and equipment needs, and possible residual activity limitations pertaining to the injuries Ms. Grabovac sustained in the motor vehicle accident in question within the realm of my expertise as a specialist in Physical Medicine & Rehabilitation.

The nature of the opinions sought is outlined in your introductory letter of April 8, 2021. A copy of the opinions requested is in the Appendix 3 section of this report.

QUALIFICATIONS

I am a fully qualified medical practitioner licensed by the College of Physicians and Surgeons in the Province of British Columbia. I obtained a Bachelor of Science degree in Chemistry in 1977 at the University of Munich, Germany, and a Doctor of Medicine degree in 1983 at the University of Hamburg, Germany. After a rotating internship at the Royal Alexander Hospital in Edmonton from 1984 – 85, I trained in Physical Medicine and Rehabilitation initially in Edmonton, Alberta, and completed this specialty program at the University of British Columbia, Vancouver. In 1989 I obtained my Fellowship from the Royal College of Physicians and Surgeons in the Specialty of Physical Medicine and Rehabilitation. From August to December, 1989 I did a research Fellowship at the Workers' Compensation Board in Richmond, British Columbia.

I was the Rehabilitation Consultant of the Acute Spinal Cord Injury Unit at Shaughnessy and Vancouver General Hospitals between 1990 and 1998. I was the Senior Consultant for the Acquired Brain Injury Program at G. F. Strong Rehabilitation Centre, Vancouver from 1996 to August 2001. I was the Rehabilitation Consultant for the George Pearson Centre from 1990 until June 2015.

I was on staff at Vancouver Hospital and Health Sciences Centre and had an active outpatient practice, with a special interest in the management of musculoskeletal and neurological problems until June 30, 2018. I am associated with the University of British Columbia, Division of Physical Medicine and Rehabilitation.

FACTS & ASSUMPTIONS RELIED UPON

1. Following two motor vehicle accidents in 1999 and 2000 respectively, Ms. Grabovac reportedly developed nightmares and flashbacks. Her driving-related anxiety was reportedly rekindled as a result of another motor vehicle accident in 2000, which however did not lead to any physical trauma.

Ms. Grabovac reportedly would have rated her anxiety state at 5/10 prior to the August 2000 motor vehicle accident, on a scale from 0 to 10, with 10 representing maximum imaginable pain. At that time, she reportedly would have rated her mood at 8/10, on a scale from 0 to 10, with 10 representing the happiest imaginable emotional state.

2. Ms. Grabovac was assessed by Dr. Parhar, her attending general practitioner, in February 2014. At that time, Ms. Grabovac complained of throbbing headaches localized to her temples occurring two or three times per week, right knee pain, bilateral jaw pain, lightheadedness and spinning sensation, nausea, fatigue, decreased energy, depressed mood, driving anxiety, recurrent nightmares pertaining to accidents, sleep disturbance, and memory problems. Dr. Parhar made the diagnoses of muscle tension headaches, symptoms of PTSD, depressed mood and anxiety. Dr. Parhar reportedly arranged a referral to Dr. Thinda, psychologist.
3. It is my understanding that prior to the first subject motor vehicle accident Ms. Grabovac was not under the care of a psychiatrist, psychologist, or counsellor. She reportedly had not been prescribed psychoactive medication for mood dysfunction, anxiety, or sleep disturbance.
4. It is my understanding that Ms. Grabovac felt physically well prior to the August 2015 motor vehicle accident. At that time, she was not troubled by musculoskeletal or neurologic symptoms or headaches.
5. Following my initial assessment of December 2, 2019, I opined that Ms. Grabovac had suffered soft tissue injuries to her neck and back in the August 2015 motor vehicle accident. I came to the conclusion that Ms. Grabovac had made a full symptomatic and functional recovery with respect to her axial skeletal injuries she had suffered in the first subject motor vehicle accident prior to the second subject motor vehicle accident of February 2018.
6. Based on my assessment of December 2019, I opined that Ms. Grabovac had suffered additional injuries to her neck and back as a result of the February 2018 motor vehicle accident. Her neck, shoulder girdle and back injuries pertaining to the second subject motor vehicle accident were probably once again limited to soft tissue structures such as muscles, tendons, and ligaments.
7. Ms. Grabovac had several imaging studies after the first subject motor vehicle accident, which included the following:
 - A CT scan of the head obtained on April 7, 2017, did not reveal any intracranial abnormalities.

- CT scans of the head and cervical spine of February 23, 2018, were normal.
 - X-rays of the chest and thoracic spine of February 24, 2018, did not disclose any abnormality.
 - An MRI scan of the cervical spine of April 19, 2018, reportedly showed a minimal posterior disc bulge at C4-5 and a mild posterior disc bulge at C5-6.
 - An MR arthrogram of the right shoulder of May 9, 2018, carried out in conjunction with intra-articular administration of an anaesthetic reportedly showed mild tendinopathy of the supraspinatus tendon, but no rotator cuff tear or labral tear. Ms. Grabovac reported that her right shoulder pain was temporarily aggravated after the aforementioned MR arthrogram of the right shoulder.
 - An MR arthrogram of the left hip of May 25, 2018, including concomitant administration of an anaesthetic into the hip joint showed no intracranial abnormality. There was no evidence of a labral tear. The reporting radiologist commented on imaging findings consistent with mild gluteus medius tendinopathy. Ms. Grabovac reported that following the MR arthrogram of her left hip, she noted transient accentuation of her left hip girdle pain.
 - In the spring of 2019, Ms. Grabovac had an MRI scan of her hips, which did not show any abnormality. An MRI scan of the lumbar spine reportedly revealed a disc abnormality at L4-5. An MRI scan of the head showed no intracranial abnormality.
8. Ms. Grabovac underwent a hearing test on May 13, 2019, which reportedly showed no hearing impairment in either ear.
 9. In the spring of 2019, Ms. Grabovac had an EMG study of the right upper extremity and left leg. Nerve conduction studies were normal. EMG studies were reportedly suggestive of chronic radiculopathy of the right C6, C7 and C8 nerve roots and L4-5 and L5-S1 nerve roots on either side.
 10. On July 8, 2019, Ms. Grabovac was evaluated by Dr. Jagdeo, psychiatrist. Entertained psychiatric diagnoses included major depressive disorder, recurrent episode, panic disorder, obsessive compulsive disorder, and query post-traumatic stress disorder.

11. In February 2019, Dr. Mian, physiatrist, injected the right subacromial space under ultrasound guidance with a corticosteroid. Ms. Grabovac reportedly did not derive any symptomatic gains in reference to this particular therapeutic intervention, not even for the duration of the anaesthetic.
12. Ms. Grabovac participated in a functional capacity assessment on September 19, 2019. The functional capacity evaluator commented on functional limitations with respect to tasks that apply stress to the neck, upper back, right shoulder, right upper extremity, mid back and low back. The functional capacity evaluator opined that at the time of this assessment Ms. Grabovac's demonstrated ability with respect to her pre-first subject motor vehicle accident occupation as a dental hygienist was likely only compatible with limited part-time employment with the provision that executed tasks remained within her demonstrated capacity. The functional capacity evaluator noted that some accommodations at her workplace would probably have to be implemented and hence she would require a supportive employer to be able to endure part-time employment as a dental hygienist.
13. Ms. Grabovac was assessed by Dr. Anderson, psychiatrist, on November 20, 2019. Entertained diagnoses included persistent somatic symptom disorder, obsessive compulsive disorder, post-traumatic stress disorder of moderate severity, major depressive disorder, and generalized anxiety disorder.

Dr. Anderson concluded that Ms. Grabovac probably had sustained a mild concussion as a result of the February 2018 motor vehicle accident, but that her reported cognitive difficulties at the time of this assessment were probably attributable to confounding factors such as pain, fatigue, insomnia and anxiety/depression versus residual effects of her mild traumatic brain injury. At that time, Ms. Grabovac scored 28/30 on the Montreal Cognitive Assessment (MoCA).

14. Ms. Grabovac was assessed by Dr. Stone, orthopaedic surgeon, on December 5, 2019. Dr. Stone concluded that Ms. Grabovac had suffered neck and back injuries in the August 2015 motor vehicle accident, which had resolved. In reference to the February 2018 motor vehicle accident, Dr. Stone came to the conclusion that Ms. Grabovac had sustained injuries to her right shoulder, left hip, neck, and back. In addition, there was reference to headaches, depression and anxiety. With respect to Ms. Grabovac's ongoing right shoulder and hip pains, Dr. Stone entertained the diagnoses of adhesive capsulitis of the right shoulder and adhesive capsulitis of the left hip.
15. Ms. Grabovac was assessed by Dr. Medvedev, neurologist, on December 23, 2019. Entertained diagnoses included chronic pain syndrome, post-traumatic headaches (possibly being cervicogenic and migrainous in nature), and a probable concussion

as a result of the February 2018 motor vehicle accident associated with post-concussion syndrome. Dr. Medvedev opined that Ms. Grabovac's right hand tremor probably represented accentuated isometric tremor due to pain and weakness of the right upper extremity following her sprain and strain trauma.

16. During the past year, Ms. Grabovac has attended treatment at Performax Health Group. Rendered treatment included active release therapy, manual traction, cupping, application of heat packs, electrotherapy, spinal mobilization and instruction in exercises. The forwarded records indicate that Ms. Grabovac was seen by several allied healthcare providers at Performax Health Group including a physiotherapist, massage therapist, and kinesiologist. Recorded symptoms included neck pain, right shoulder pain, low back pain, left anterior hip pain, and tremor of the right arm and hand.
17. Ms. Grabovac has attended psychological treatment sessions with Dr. Joseph Tse since June 2020. Noted complaints included multisite pains affecting the head, jaw, neck, right shoulder, right arm and hand, back, and left hip and leg, as well as memory challenges, impaired concentration, word-finding difficulties, impairment of multitasking and irritability.
18. Ms. Grabovac was reviewed on several occasions by Rhiannon Evans, occupational therapist, during the past year. According to a progress note of April 27, 2020, Ms. Grabovac's symptoms and function had not changed appreciably in the preceding two months.
19. At present, Ms. Grabovac is working towards an undergrad degree in health sciences. She reportedly is shy of five courses to receive her degree. Ms. Grabovac reportedly has received A and A+ grades. According to the forwarded records, Ms. Grabovac has been contemplating to continue her education with a Master's program.
20. Ms. Grabovac was assessed by Harj Dhaliwal, certified vocational rehabilitation professional, in the spring of 2020. At that time, Ms. Grabovac reportedly complained of severe post-concussion symptoms, severe anxiety and depressive symptoms, and multisite pains.

As per follow up review in early February 2021, Ms. Grabovac reported persistent mood dysfunction and anxiety and feeling overwhelmed on a regular basis. Mr. Dhaliwal noted that Ms. Grabovac had dropped one of her university courses because she felt the workload was too heavy and instead she had registered for a psychology class. Ms. Grabovac reportedly informed Mr. Dhaliwal that the combination of her current workload in school and her unpaid work placement were

causing increased anxiety. Ms. Grabovac reported persistent difficulty coping with day-to-day stressors and constant back pain.

21. Ms. Grabovac reported that during the past sixteen months she has not been involved in another motor vehicle accident nor has she incurred any superimposed musculoskeletal or neurologic injuries during this period.
22. Ms. Grabovac reported that since I saw her in December 2019, her multisite pains affecting her neck, entire back, right shoulder and left hip girdle region have not changed appreciably. Ms. Grabovac reportedly has been dealing with persistent driving anxiety, generalized anxiety, depressive symptoms, and sleep disturbance. She reported that to the present she has received regular input from a physiotherapist, massage therapist, kinesiologist and psychologist. Her reported current pharmacologic management consists of Cipralex 20 mg once daily, Wellbutrin 300 mg once daily and Lyrica 100 mg twice daily.
23. Ms. Grabovac reported that to date she has not resumed her previous sporting recreational activities such as playing soccer and volleyball as well as snowboarding. She reportedly has not been exercising in a gym. Today Ms. Grabovac listed crocheting, embroidery and making wax candles as her hobbies.
24. Today Ms. Grabovac walked into my office with a symmetrical, normal gait pattern. Ms. Grabovac walked with a mild limp from my office to the examination room after completion of the interview. Ms. Grabovac elected to stand towards the end of the interview. She was observed to repeatedly adjust her position while sitting on a chair.

Thoracic and lumbar spine alignment was normal in all planes. Truncal mobility was mildly diminished. The lumbar pelvic rhythm was abnormal during straightening of the back from a forward bent position.

Active neck extension was normal and pain-free. Active neck rotation was diminished. In the prone position, spontaneous neck rotation was achieved to a greater extent than volunteered during formal assessment while Ms. Grabovac was sitting on the edge of the examination table. Spontaneous neck movements were performed without any pain mannerisms.

Active right shoulder forward flexion was diminished. However, external rotation of the right shoulder with the arm fully adducted against the body or abducted 90 degrees was identical to the left side. There was no evidence of bicipital tendinopathy, a SLAP lesion, shoulder instability, rotator cuff impingement, or acromioclavicular joint separation.

Volunteered active left hip flexion was diminished, but otherwise left hip range of motion was identical to the left side. Active assisted left hip flexion was identical to the right side.

There was no evidence of pelvic malalignment or sacroiliac joint dysfunction.

The findings on examination included reported discomfort with some movements of the neck, back, right shoulder and left hip, and the presence of tenderness in the neck, shoulder girdle region, low back and left hip girdle area as delineated below. The presence of multisite superficial tenderness was noted.

None of the 18 characteristic sites associated with a diagnosis of fibromyalgia were reportedly tender during distraction on direction questioning.

An intermittent right hand tremor was observed.

There was no evidence of spinal cord or nerve root impairment or nerve root irritation.

OPINION

Ms. Daniela Grabovac is a 25-year-old right-handed woman I re-evaluated on April 28, 2021, for the purpose of an updated independent medical assessment.

It remains my opinion that Ms. Grabovac suffered injuries to her neck and back as a result of the February 2018 motor vehicle accident, which were limited to soft tissue structures. It is my opinion that Ms. Grabovac's reported persistent right shoulder and left hip girdle pains are not attributable to the development of adhesive capsulitis affecting either joint. Furthermore, it is my opinion that Ms. Grabovac did not sustain a traumatic brain injury at the mild end of the spectrum in the 2018 motor vehicle accident. Her reported persistent cognitive difficulties are readily explained by confounding factors such as reported persistent sleep disturbance, multisite pains, and unresolved mental health issues.

Various psychiatric diagnoses have been entertained including post-traumatic stress disorder, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, and major depressive disorder. Ms. Grabovac pre- and post-subject motor vehicle accidents mental health issues would best be explored by a psychiatrist.

It remains my opinion that Ms. Grabovac's ongoing multisite pains are accounted for by a somatic symptom disorder. It is my opinion that the second subject motor vehicle accident materially contributed to the development of somatic symptom disorder.

It is my opinion that Ms. Grabovac's abrupt decline in function and reported social, vocational and recreational activity limitations during the past three years have solely been causally-related to the effects of the injuries she suffered in the February 2018 motor vehicle accident.

With respect to future management, Ms. Grabovac should perform a several times weekly exercise program. To the present, she has received extensive input from a physiotherapist and kinesiologist and hence should have adequate knowledge to perform a maintenance program on her own.

I would not advocate additional involvement of a massage therapist. I do not recommend passive treatments provided by her current physiotherapist.

According on today's assessment, no additional imaging studies of the neck, back, right shoulder or left hip are warranted at this stage.

I do not recommend repeat electrophysiological studies of the right upper or left lower extremity.

I am not averse to judicious use of the over-the-counter analgesic/anti-inflammatory medication.

With respect to the need for additional psychotherapy and psychoactive medications, I defer an opinion to a psychiatrist.

Based on today's assessment, it is my opinion that Ms. Grabovac has the physical ability to perform tasks which are of sedentary and light physical demands probably with some limitations in place. These limitations would pertain to activities which excessively biomechanically stress her neck, shoulder girdle region, back and hip girdle region.

According to today's reassessment, it is my opinion that at present Ms. Grabovac does not have the physical capacity to work as a dental hygienist, not even on a part-time basis. Ms. Grabovac should continue furthering her education to broaden her future career opportunities. It is my opinion that she has the physical and cognitive aptitudes to successfully complete her post-secondary education. Her long-term vocational prospects will be dictated by her ability to deal with her chronic pain as well as improvement/resolution of her unresolved mental health issues. At present, I would view Ms. Grabovac as not being competitively gainfully employable.

It remains my opinion that at present Ms. Grabovac does not have the physical aptitude to resume her pre-subject motor vehicle accidents recreational pursuits. This is unlikely to change in the foreseeable future.

It is my opinion that Ms. Grabovac has the ability to perform all domestic tasks within the setting of an apartment. However, on account of her ongoing multisite pains, she probably will have to pace herself and break up the more physically taxing domestic activities. At present Ms. Grabovac would probably benefit from specialized equipment in her apartment to clean the floors, bathroom and shower stall.

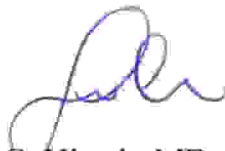
In summary, Ms. Grabovac has been experiencing multisite pains dating back to the February 2018 motor vehicle accident. Her pain perception is probably to a significant degree influenced by her persistent psychiatric impairments. Improvement of her mental health issues will probably positively affect her physical state and this would probably translate into functional improvement.

It remains my opinion that Ms. Grabovac is not at risk of developing degenerative arthritis in her neck, back, right shoulder or left hip as a result of the subject motor vehicle accidents.

I trust this report provides you with the information that you are seeking. Please let me know should you require clarification of any of the opinions expressed in this report.

Yours truly,

Dr. Gabriel Hirsch, Inc.

A handwritten signature in blue ink, appearing to read 'G. Hirsch', with a stylized flourish at the end.

G. Hirsch, MD, FRCPC
Physical Medicine & Rehabilitation
GH/ds

APPENDIX 1

UPDATED MEDICAL HISTORY

Ms. Grabovac reported that since I saw her in early December 2019 she has not been involved in another motor vehicle accident nor has she incurred any superimposed musculoskeletal or neurologic injuries during this period.

Ms. Grabovac reported that during the past sixteen months she has been reviewed by Dr. Parhar, her attending general practitioner, on several occasions regarding persistent emotional and physical symptoms brought on by the subject 2018 motor vehicle accident. Ms. Grabovac reported that she has been experiencing recalcitrant neck pain, right shoulder pain, upper back pain, mid back pain, low back pain, left hip girdle pain, and anxiety.

Ms. Grabovac reported that Dr. Parhar recently increased the dose of Cipralelex from 10 mg to 20 mg. She reportedly will start taking Cipralelex 20 mg this evening. In addition, Ms. Grabovac reportedly has been taking Wellbutrin 300 mg once daily and Lyrica 100 mg twice daily.

Ms. Grabovac reportedly underwent repeat radiographs of her low back a few months ago. It is her understanding that this imaging study did not reveal any abnormality of note.

Ms. Grabovac reported that during the past sixteen months she has not undergone any injections into her neck, back, right shoulder, or left hip.

Ms. Grabovac reported that during the past one-and-a-half years she has regularly attended physiotherapy, massage treatment, and psychotherapy provided by a psychologist. In addition, she has been exercising regularly under the guidance of a kinesiologist. Ms. Grabovac reported that her attendance with the aforementioned allied healthcare providers was interrupted for approximately two months one year ago due to the COVID-19 pandemic.

Ms. Grabovac reported that at present she sees her physiotherapist two or three times per week, her massage therapist once weekly, her kinesiologist twice weekly, and her psychologist once every two weeks.

Ms. Grabovac reportedly had her most recent review with her occupational therapist six months ago. She reportedly started sessions with a vocational consultant in January 2021. Her vocational consultant reportedly arranged volunteer work, but the assigned project ran out in March 2021. Ms. Grabovac reported that she was organizing food hampers for

vulnerable families from her home. All of the tasks were computer-focused. Ms. Grabovac reportedly devoted two to five hours per week to this particular endeavour.

Ms. Grabovac reported that at the present she does not pursue any volunteer work. She reported that she has not been gainfully employed in any capacity since I saw her in December 2019. She reportedly has not been receiving any income support.

Ms. Grabovac reportedly started a health science program in the fall semester of 2019 through the Thompson River University in Kamloops. All courses reportedly have been offered online. To date Ms. Grabovac has completed five courses. Ms. Grabovac reportedly has received A and A+ grades. Ms. Grabovac reportedly elected to enroll in only one course while volunteering for a food bank. Ms. Grabovac reported that she is five courses shy of receiving her degree in health science. She reportedly has been exploring potential career opportunities with her vocational consultant within this field.

Ms. Grabovac reportedly has remained in the same relationship. She has no children. Ms. Grabovac reportedly is on a birth control pill. She reportedly has not been pregnant.

Ms. Grabovac reportedly does not smoke cigarettes or drink alcohol. She does not use any illicit drugs.

Ms. Grabovac reportedly has been living in her parents' house in Coquitlam during the past three years. She reportedly has only taken on light domestic tasks. She reportedly has not carried out activities requiring kneeling, squatting, truncal flexion or stooping. She reportedly has not done any vacuuming, cleaning of bathtubs or washing floors.

Ms. Grabovac reportedly has not carried out any yard-related activities during the past sixteen months.

Ms. Grabovac reportedly started driving again around July 2020. She reportedly has a valid driver's license. When I asked her how she is feeling on the road, she replied "it's terrifying". Ms. Grabovac reported that the longest ride to date has been from her parents' home to Metrotown. Driving reportedly is associated with anxiety. Ms. Grabovac reportedly continues harbouring nightmares about car accidents. She reported that her flashbacks in reference to motor vehicle accidents has diminished with the passage of time. Ms. Grabovac reported persistent startling responses on the road. She told me that she took an Uber today to get from Coquitlam to my office.

Ms. Grabovac reported that her boyfriend lives in the United States, but that he will return to Vancouver within the next two weeks. They reportedly have rented a two bedroom apartment in Burnaby as of May 1, 2021.

Ms. Grabovac reported that currently she does not lift or carry objects. She reported that after walking for 10 to 15 minutes she prefers to take a break. She reportedly can stand comfortably for only 15 minutes. She reportedly can sit for hours at a time provided she has the opportunity to adjust her position.

Ms. Grabovac reportedly does not jog or run. She reportedly only kneels or squats when she engages in exercises under the supervision of her physiotherapist.

Ms. Grabovac reported that to date she has not resumed playing soccer or volleyball or snowboarding. She reportedly has not been exercising in a gym.

Ms. Grabovac reported that at present she performs exercises outdoors at her parents' home under guidance of her kinesiologist. She reportedly performs stretching exercises, core strengthening exercises, and resistance exercises with elastic bands.

PRESENT COMPLAINTS

Ms. Grabovac reportedly has a headache three to five times per week. She reportedly can abort her headaches within one hour by taking Advil. The headaches are usually localized behind the eyes and in the back of the head. The head pain was described as an aching/pressure-like sensation. At times the headaches are associated with nausea, but the headaches are not accompanied by vomiting or sensitivity to light or noise.

Ms. Grabovac reportedly has constant neck pain from the base of her neck all the way up to the base of her head. The left side is equally affected as the right side. The neck pain intensity reportedly fluctuates. The posterior neck pain reportedly ranges in intensity between 3/10 and 10/10, on a scale from 0 to 10, with 10 representing maximum pain. Ms. Grabovac reported that her neck pain can be exacerbated after engaging in exercises with her physiotherapist.

Ms. Grabovac reportedly has intermittent upper back pain and constant mid back pain and low back pain. The upper back pain and mid back pain are localized equally on the left and right side. The low back pain is more prominent on the left side. Aggravating factors include prolonged stationary sitting and standing as well as sustained walking. The back pain intensity reportedly ranges between 3/10 and 10/10.

Ms. Grabovac reportedly has constant pain localized to the front of her right shoulder and underneath her right shoulder blade. The intensity of her shoulder girdle pain ranges between 3/10 and 10/10. Sustained writing, certain exercises with her physiotherapist and regular use of her right upper extremity make her shoulder girdle pain worse. Ms. Grabovac reported that her right shoulder range of motion is diminished. The right

shoulder feels stable. Occasionally she has been aware of a cracking sound emanating from her right shoulder blade region.

Ms. Grabovac reported that at times the right shoulder pain extends down into her right arm all the way to the fourth and fifth fingers. The right upper extremity pain can be associated with numbing and tingling sensations in the same distribution as the pain.

Ms. Grabovac reported that her left shoulder feels perfectly fine. She reportedly has no pain in her left arm or hand. She reportedly has normal strength, feeling, and coordination in her left upper extremity.

Ms. Grabovac reportedly has a constant right hand tremor, the degree of which fluctuates.

Ms. Grabovac reportedly has constant pain in her left hip. When asked to specify the location of her hip pain, she pointed to the groin and outer aspect. Aggravating factors include walking, sitting, standing, and “anything”. Ms. Grabovac reported that her ability to bend her left hip is impaired, but that all other movements are normal.

Ms. Grabovac reported that at times her left hip girdle pain radiates all the way down to the sole of her left foot. The pain can be associated with numbing and tingling sensations in the same distribution.

Ms. Grabovac reported that her right buttock, the outer aspect of her right hip, and her groin on the right side are asymptomatic. She reportedly does not experience pain in her right leg. She reportedly has normal strength, feeling, and coordination in her right lower extremity.

Ms. Grabovac reported that her bowel and bladder functions are intact. With respect to her sexual function, she did not report any issues.

Ms. Grabovac reportedly underwent laser surgery on her eyes in October 2020. She reported that her vision is intact. She reported that her hearing in her left ear is slightly impaired. She reportedly has ringing sounds in her left ear twice daily lasting up to a few minutes.

Ms. Grabovac reported that her sense of smell and taste is normal. She reportedly has no difficulty with biting, chewing, or swallowing. Her balance is intact. Ms. Grabovac did not report spinning sensations. She reportedly may have a dizzy spell in conjunction with a headache.

Ms. Grabovac reported that on occasion it feels like her brain is in a fog. She reported that there have been days that she was unable to pursue her volunteer work or schooling because

she felt confused and lacked focus. She reported that dealing with stressors adversely affects her ability to pay attention.

Ms. Grabovac reported that she harbours persistent driving anxiety and generalized anxiety. With respect to the latter, she noted that having a telephone conversation and not receiving an immediate reply can be anxiety provoking. She reported that today's review as well as her upcoming trial pertaining to the subject motor vehicle accidents have triggered anxiety. Ms. Grabovac rated her anxiety at 7/10 on average, on a scale from 0 to 10, with 10 representing maximum anxiety.

Ms. Grabovac reported that twice per month she has a panic attack lasting 15 minutes. When I asked her what causes her to have a panic attack, she replied "anything".

Today Ms. Grabovac rated her mood at 4.5/10 on average, on a scale from 0 to 10, with 10 representing the happiest imaginable emotional state.

Ms. Grabovac reportedly does not sleep well. She reported primarily and secondary sleep disturbance. She reportedly feels tired on wakening.

PHYSICAL EXAMINATION

Ms. Grabovac walked into my office with a symmetrical, normal gait pattern. Towards the end of the interview, she elected to stand briefly. On the way from my office to the examination room, a mild limp was noted with Ms. Grabovac favouring her left leg. Left stance duration was mildly reduced. No gait asymmetry was observed during tandem gait forwards and backwards as well as when Ms. Grabovac walked a few steps on her heels and toes.

Speech and primary language functions were intact. Ms. Grabovac smiled at appropriate times.

There were no frontal lobe release signs. Cortical sensation was intact. Cerebellar coordination was normal.

Muscle strength was normal in the upper and lower extremities proximally as well as distally. The deep tendon reflexes were symmetrical and normal throughout. The toes were downgoing to plantar stimulation. Power and precision grips and manual and finger dexterity were normal on either side. Passive straight leg raising was 60 degrees on either side. Left passive straight leg raising at the extreme reportedly invoked discomfort in the left posterior hip girdle/low back regions.

Fine touch was normally perceived in the arms, hands, legs and feet. Vibration and position sense were intact in the fingers and toes.

Median nerve compression test in conjunction with wrist flexion did not elicit any sensory symptoms in the right hand or forearm. Tinel's sign (clinical test for peripheral nerve irritation) was negative at the wrists and elbows. There was no evidence of subluxation or thickening of the right ulnar nerve at the cubital tunnel (inner aspect of the elbow). There was no evidence of a Horner's phenomenon.

Intermittent shaking of the right hand was observed.

On standing, the shoulders and pelvis were level. The thoracic and lumbar spine was straight. The forward curvature of the thoracic spine and the backward curvature of the lumbar spine were within normal limits. No leg length discrepancy was noted while standing, in the recumbent position with the leg straight or in the long-legged sitting position.

With moderate assistance provided by the examiner, Ms. Grabovac was able to perform a straight leg sit-up. In the long-legged sitting position, she reached with her fingertips within 10 cm of her ankles. Ms. Grabovac lowered her body straight onto the examination table without having to rely on her arms. Ms. Grabovac moved fairly quickly from a sitting to a prone position and from a prone position to a supine position.

Ms. Grabovac stood with her legs fully approximated and her eyes closed without drift of the outstretched arms. Tandem gait forwards and backwards was performed well. Ms. Grabovac stood on either leg for more than five seconds without losing her balance and without evident weakness of the hip abductor muscles. No dynamic weakness of the ankle plantar flexor muscles was noted.

With the hands placed on the examination table, Ms. Grabovac was almost able to perform a full squat. The latter activity reportedly induced left-sided groin pain.

Truncal forward flexion was performed with a slight list towards the right. Ms. Grabovac reached to the mid-shin level with her fingertips without bending her knees. Ms. Grabovac placed her hands onto her thighs while straightening her back from a forward bent position. Truncal forward flexion reportedly invoked left-sided hip girdle pain. Truncal extension with the head being supported exceeded 35 degrees and reportedly did not trigger any untoward symptoms in the low back or hip girdle region. On side flexion, the tip of the middle finger was brought to the outer knee joint line on either side. Truncal side flexion to either side was reportedly well tolerated. Truncal rotation was 35 degrees towards the right side and 20 degrees towards the left side. Truncal rotation towards the left at the extreme reportedly provoked left-sided low back pain.

The left low back, peri-sacroiliac joint and buttock areas were reportedly diffusely tender. Light pressure also provoked pain.

Active assisted hip flexion was approximately 120 degrees on either side. Passive hip side flexion was 45 degrees to either side. Passive left hip side flexion reportedly provoked discomfort in the left hip adductor muscles region. Hip internal rotation and external rotation were identical with the hips either bent 90 degrees or straight. With the hips bent, hip internal rotation was 30 degrees on either side and hip external rotation was 45 degrees on either side. There was no hip flexion deformity on the left side. Active left hip movements were not associated with any clicking, grinding or snapping arising from the outer aspect of the left hip or at the groin on the left side. Left piriformis stress tests were negative.

The posterior superior iliac spines were level. There was no evidence of pelvic malalignment or sacroiliac joint dysfunction. Volunteered active left hip flexion while being seated on the edge of the examination table was limited to 100 degrees on the left side versus approximately 120 degrees on the right side.

Active neck forward flexion lacked 1 cm. Active neck extension was greater than 80 degrees and reportedly not painful. Active neck side flexion exceeded 40 degrees to either side. Active neck rotation was 55-60 degrees towards the right side and 70 degrees towards the left side. Active neck side flexion at the extreme reportedly elicited discomfort in the neck opposite to the direction of movement. Active neck rotation towards the left at the extreme reportedly provoked neck pain. Axial loading of the neck with concomitant partial extension, side flexion and rotation to either side induced posterior neck discomfort, but no radicular symptoms, such as radiating pain or numbing/tingling sensations, in the upper extremities.

The back of the neck was reportedly diffusely tender. The right posterior shoulder girdle region was diffusely tender. Light pressure also provoked a pain response.

No winging of the shoulder blades was noted during resisted shoulder protraction/side flexion. Active assisted right shoulder forward flexion was 150 degrees. Active left shoulder forward flexion was 180 degrees. Active assisted right shoulder forward flexion at the extreme provoked pain in the right shoulder blade region and was actively resisted at that time. Shoulder external rotation with the arms abducted 90 degrees was a few degrees beyond 90 degrees on either side. Shoulder external rotation with the elbows held close to the body was 70 degrees on either side. The shoulders were stable. Neer and Hawkins-Kennedy impingement tests, Speed test, and O'Brien's test did not provoke pain in either shoulder. Resisted shoulder abduction and external and internal rotation revealed good effort, normal power and did not induce pain in either shoulder. The subacromial

region and bicipital groove were reportedly not tender on either side. Forceful pressure applied to the right acromioclavicular joint region reportedly provoked discomfort.

Range of motion was normal and pain-free at the elbows, wrists, and fingers. The hands could be brought into the full tucked-in and full grip position.

APPENDIX 2

DOCUMENTS REVIEWED

1. Health Insurance BC
 - a) MSP Printout for the period October 16, 2019 to January 25, 2021
2. PharmaNet
 - a) PharmaNet Printout for the period April 20, 2018 to October 11, 2019
 - b) PharmaNet Printout for the period October 12, 2019 to January 18, 2021
3. Pacific Coast Recovery Care (Dr. Gurdeep Parhar)
 - a) Various medical/referral notes for the period October 15, 2019 to January 21, 2021
 - b) Clinical records for the period October 16, 2019 to February 5, 2020
 - c) Clinical records for the period August 12, 2013 to August 12, 2015
 - d) Clinical records for the period February 6, 2020 to January 18, 2021
4. Surrey Memorial Hospital
 - a) Hospital records for the period August 12, 2013 to November 7, 2019
5. Performax Health Group
 - a) Email from Performax Health Group with a letter of referral from Dion D'Mello, RMT, to Dr. Helper, physiatrist, dated December 7, 2020
 - b) Kinesiology Initial Report dated November 9, 2020
 - c) Clinical records for the period October 29, 2019 to February 1, 2021
6. Karp Rehabilitation
 - a) Clinical records for the period August 12, 2013 to November 7, 2019
 - b) Letter from Karp Rehabilitation dated November 18, 2019, re: return to work endorsed by her GP
7. Coastal Wellness Centre
 - a) Clinical records for the period October 16, 2019 to January 19, 2021
8. Canadian Pain & Regenerative Institute
 - a) Clinical records for the period October 12, 2019 to January 26, 2021

9. Dr. Trevor Stone
 - a) Medicolegal Report dated December 6, 2019
10. JR Rehab Services Inc.
 - a) Endorsed referral note for AR dated October 15, 2019
 - b) Clinical records for the period October 22, 2019 to January 26, 201
11. Royal Columbian Hospital
 - a) Hospital records for the period October 18, 2019 to January 19, 2021
12. Pinetree Medical Clinic
 - a) Clinical records for the period October 23, 2019 to January 19, 2021
13. Dominic Shew
 - a) Functional/Work Capacity Evaluation Report dated October 3, 2019
 - b) Cost of Future Care/Cost Analysis Report dated January 20, 2020
14. Dr. Jemima Justine Wasswa-Kintu
 - a) Clinical records for the period August 12, 2013 to November 20, 2019
15. Dr. Sajal Jain
 - a) Clinical records for the period August 12, 2013 to January 19, 2021
16. Dr. Stephen Anderson
 - a) Medicolegal Report dated November 23, 2019
 - b) Rebuttal Report dated January 22, 2020
17. Dr. George Medvedev
 - a) Medicolegal Report dated December 24, 2019
 - b) Rebuttal Report dated February 12, 2020
18. Expert Vocational Group
 - a) Vocational Rehabilitation Initial Report dated June 17, 2020
 - b) Clinical records for the period August 12, 2013 to February 2, 201
 - c) Vocational Rehabilitation Progress Report dated March 11, 2021
19. Chuck Jung Associates
 - a) Psychology Initial Report dated July 14, 2020
 - b) Clinical records for the period August 12, 2013 to February 5, 2021

APPENDIX 3

OPINION REQUESTED

1. A brief summary of your qualifications and an attached copy of your CV.
2. A summary of the progress of our client's symptoms and complaints since the accident and at present, including your findings on examination.
3. An updated on any further treatment, therapy or medication that our client has received since your last assessment.
4. Your current diagnosis of our client's condition and whether there are any changes in your opinion regarding whether the above-noted accident was the likely cause of our client's current symptoms and complaints.
5. Your current prognosis for recovery and your opinion regarding any disability our client may have relating to her work, recreational or social activities, activities of daily living or household activities. Please address any risks or vulnerability our client may have to future injuries resulting from her current condition or injuries.
6. Your recommendations for further treatment, therapy or medications at present and your opinion regarding any future treatment or care our client may require.