

## Aids for MVA injury management and documentation

**A**s medicine evolves, more emphasis is being placed on evidence-based practice. Gone are the days when you could see an order for AOL in the hospital chart. You don't know what AOL stands for? In that hospital it meant "any old laxative." I am not kidding!

As physicians, we are expected to be aware of current research and changes in diagnosis and treatment, and our best practices should reflect this. In the field of motor vehicle accidents (MVAs) and injuries, mostly whiplash-associated disorders, there are some excellent general references and web sites available.

- The Motor Accidents Authority of New South Wales in Australia has published comprehensive algorithms, diagnostic and management guidelines, and other resources on their web site ([www.maa.nsw.gov.au](http://www.maa.nsw.gov.au))—the most easy-to-read yet comprehensive web site I have ever found. It will guide you through the management of your patients with whiplash-type injuries using the *Guidelines for the Management of Acute Whiplash-Associated Disorders for Health Professionals* (second edition, 2007). The *MAA Whiplash Guidelines—GP Summary* is also a useful resource.
- The Official Disability Guidelines (ODG) provide evidence-based information on disability, treatment, and return-to-work recommendations. They can be a useful resource when determining how long an individual can reasonably be expected to be away from work for a given injury or medical condition. By identifying patients who are outside the norm, the guidelines may assist in a re-evaluation of the current treatment plan or help identify other resources that may assist the injured

patient's recovery or return to work. The Guidelines are available online to all physicians at [www.odg.treatment.com](http://www.odg.treatment.com); contact [Anita.Gill@ICBC.com](mailto:Anita.Gill@ICBC.com) for a user ID and password. Use the keyword "whiplash" to locate pertinent information.

Sometimes the recovery seems to be derailed. Using resources such as those above may help identify prob-

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lems early on and allow for timely intervention. It has been clearly shown that prolonged absence from work and normal activities has a negative effect on a person's well-being. Conversely, timely return to normal daily living reduces disability.

These resources may also prove helpful for medico-legal purposes. The new Rules of Court for expert evidence, which come into force on 1 July 2010, require that the expert physician must remain neutral and must not be an advocate for any party. This relates to medical-legal documenta-

tion as well as court testimony. The information and opinions provided by the physician should include rationale and materials used for the statements and opinions. The two web sites noted may help physicians—particularly general practitioners—to streamline the management of MVA injuries, provide solid, usable documentation, and promote the best outcome for patients in a time-efficient manner.

### ICBC medical community liaison position

This is my last article for the *BCMJ* and I thank those of you who have contacted me with your questions and comments from past articles. The interaction has added a positive dimension to my role.

The position of ICBC medical community liaison is available and I suggest you contact [Anita.Gill@ICBC.com](mailto:Anita.Gill@ICBC.com) if you are interested. It is a paid part-time position that may be of interest to a practising or a semi-retired physician who wants to vary his or her experience. There is no claims file management involved. The medical community liaison is a resource to other physicians in the community for ICBC processes and coverages. The position also serves as an internal resource, providing strategic advice and insight into the medical community's questions and concerns about ICBC. The position is interesting and informative and has potential for future development. ICBC requests a minimum 1-year commitment.

—Laura Jensen, MD  
ICBC Medical Community  
Liaison

*The opinions expressed in this article are those of the author and do not necessarily represent the position of the Insurance Corporation of British Columbia.*