

Spotlight on: Minor Injury Guideline

Key message: Functional Restoration

September / October 2010

The new Minor Injury Guideline (MIG) that came into effect September 1, 2010 calls for health care providers to focus on Functional Restoration. It defines Functional Restoration as "an approach in which the health practitioner is oriented toward function and to the delivery of interventions that help the insured person to reduce or manage his/her pain and associated psycho-social symptoms." It states that "interventions are focused on what the insured person needs to do in order to function at his/her pre-accident level in his/her home and work environment."

Why Functional Restoration?

The scientific research continues to recognize the importance of function-based exercise combined with education and a multidisciplinary approach. This combination is effective because it focuses on restoring your MVA client to pre-accident function by prescribing exercises that directly simulate their pre-accident activities, whether at work or home. In addition, it incorporates education about 'hurt versus harm'—that pain during recovery is not harmful but helpful.

For example, Functional Restoration gets your MVA client moving as soon as possible so chronic conditions are less likely to set in. Early intervention is combined with education to help avoid what is often referred to as the 'cycle of pain' – a negative downward spiral that can occur if a client becomes increasingly sedentary due to the fear re-injury. This cycle of increasing inactivity typically also leads to unhealthy mental health issues like depression and anxiety.

Self-responsibility makes all the difference...

Functional restoration is motivating because your client develops a clear understanding of the connection between the function-based exercises and getting 'back to normal' as soon as possible. In addition, your client learns that discomfort is manageable and that even painful exercises are helpful and will not cause further damage. *For an overview of the MIG, please see the attachment.*

Overview of the Minor Injury Guideline

To follow is an overview of some of the key aspects of the Minor Injury Guideline (MIG). A complete copy of the MIG is available for download from the Financial Services Commission of Ontario website at: http://www.fSCO.gov.on.ca/english/pubs/bulletins/autobulletins/2010/a-10_10.asp

Effective Date	<ul style="list-style-type: none"> Accidents that occur after September 1, 2010: "The MIG is interim with the expectation that it will be replaced in the future with a more comprehensive Guideline that will prescribe evidence-based treatment as identified by the Neck Pain Task Force and other expert authorities."
Objective	<ul style="list-style-type: none"> The objectives of the MIG are to: <ol style="list-style-type: none"> "Speed access to rehabilitation for persons who sustain minor injuries in auto accidents; Improve utilization of health care resources; Provide certainty around cost and payment for insurers and regulated health professionals; and Be more inclusive in providing immediate access to treatment without insurer approval for those persons with minor injuries as defined in the SABS and set out in Part 2 of this guideline."
Benefit and Fees	<ul style="list-style-type: none"> Limitation: \$3,500.00 with health practitioner fees fixed for each block of time provided in three, four-week blocks of time Monitoring by health practitioner: \$200.00 Block fees during treatment phase: \$775.00 (weeks 1-4), \$500.00 (weeks 5-8), and \$225.00 (weeks 9-12) Maximum fee for supplementary goods and services: \$400.00 Transfer fee: if an insured person changes his/her health practitioner is \$50.00, payable to the health practitioner receiving the file
Minor injury	<ul style="list-style-type: none"> "a sprain, strain, whiplash associated disorder, contusion, abrasion, laceration or subluxation and any clinically associated sequelae. This term is to be interpreted to apply where a person sustains any one or more of these injuries."
Sprain	<ul style="list-style-type: none"> "an injury to one or more tendons or ligaments or to one or more of each, including a partial but not a complete tear."
Strain	<ul style="list-style-type: none"> "an injury to one or more muscles, including a partial but not a complete tear."
Subluxation	<ul style="list-style-type: none"> "means a partial but not a complete dislocation of a joint."
Whiplash injury	<ul style="list-style-type: none"> "means an injury that occurs to a person's neck following a sudden acceleration-deceleration force."
Whiplash Associated Disorder	<ul style="list-style-type: none"> "a whiplash injury that: (i) does not exhibit objective, demonstrable, definable and clinically relevant neurological signs, and (ii) does not exhibit a fracture in or dislocation of the spine."
Functional Restoration	<ul style="list-style-type: none"> "refers to an approach in which the health practitioner is oriented toward function and to the delivery of interventions that help the insured person to reduce or manage his/her pain and associated psycho-social symptoms. Interventions are focused on what the insured person needs to do in order to function at his/her pre-accident level in his/her home and work environment. The insured person is assessed to determine the level of current functioning relative to these critical demands and any functional limitations that have arisen as a result of the injury. The interventions delivered by the health practitioner or by regulated health professionals coordinated or supervised by the health practitioner are then designed to address these areas of limitation such that the individual will be able to maintain and/or resume normal activities at home and at work."