Automobile Injury Compensation Appeal Commission

IN THE MATTER OF an appeal by [the Appellant]
AICAC File No.: AC-96-5

HEARING DATE: **May 6th, September 5th and 6th, 1996.**

PANEL: **Mr. J. F. Reeh Taylor, Q.C., Chairperson**
Mr. Charles Birt
Mrs. Lila Goodspeed

APPEARANCES: **Manitoba Public Insurance Corporation ('M.P.I.C.') represented by Ms Joan McKelvey**
[Text deleted], counsel for the Appellant, and [text deleted], the Appellant

ISSUES:

A. Whether Appellant had attained pre-accident physical condition by the date when M.P.I.C. discontinued benefits.

B. Whether subsequent chiropractic treatments were necessitated by automobile accidents.

RELEVANT SECTIONS: **Section 136(1) of the Manitoba Public Insurance Corporation Act and Sections 5 and 9 of Regulation 40/94.**

AICAC NOTE: THIS DECISION HAS BEEN EDITED TO PROTECT THE APPELLANT'S PRIVACY AND TO KEEP PERSONAL INFORMATION CONFIDENTIAL. REFERENCES TO THE APPELLANT'S PERSONAL HEALTH INFORMATION AND OTHER PERSONAL IDENTIFYING INFORMATION HAVE BEEN REMOVED.

REASONS FOR DECISION

THE FACTS:

Prior to the hearing of her appeal, [text deleted], the Appellant, had been involved in six automobile accidents - one in each of the years 1985, 1986 and 1990, two in 1994 and one in January of 1996. It is with the costs of chiropractic treatments that she underwent after the two 1994 accidents with which we are here concerned.

The first of those 1994 accidents occurred on March 19th. [The Appellant's] vehicle was stationary in traffic and was rear-ended; it did not hit the car in front of hers, but she appears to have suffered soft-tissue injuries to her neck and to her upper and lower back. She saw her chiropractor, [text deleted], that same evening; he recommended that she receive 3 to 4 treatments per week. The damage to her car was estimated at $600.00.

The second accident in 1994 took place on July 29th when the Appellant's car, again stationary in traffic, was again rear-ended, sustaining damage estimated at about $1,000.00. The Appellant testified that she was wearing her seat-belt, did not come into contact with anything inside her vehicle, did not experience any visible, new injuries, but did feel immediate pain in her neck and in her upper and lower back. The cost of repairing the damage, this time, was estimated to be $1,000.00.

Frequency of Treatments

It should be noted, here, that the Appellant had been receiving chiropractic treatments since the early 1980's and had been under [Appellant's chiropractor #1]'s care since some time in 1990. So far as we can tell from the patient record that [Appellant's chiropractor #1] produced, the frequency of chiropractic treatments that he administered to [the Appellant] may be summarized this way:

Time Span	Total Treatments	Average No. Per Week.
In the year 1990	17	0.33
" " " 1991	2	0.04
" " " 1992	14	0.27

” “ ” 1993	108	2.08
Jan’y 1st to March 19th, 1994 (first ‘94 accident)	24	2.18
March 20th to July 29th, 1994 (second ‘94 accident)	77	4.05
July 30th, ‘94, to January 10th, ‘95 (date of cut-off)	80	3.40
January 10th, ‘95, to April 10th, ‘95 (13 weeks)	38	2.92
April 10th, ‘95 to July 10th, ‘95 (13 weeks)	25	1.92
July 10th, ‘95 to September 4th, ‘95 (8 weeks)	28	3.50
September 4th, ‘95 to Jan’y 15th, ‘96 (19 weeks)	29	1.53

Some interesting facts emerge from the foregoing statistics. First, over the three years 1993/5 [the Appellant] received 409 treatments from [Appellant’s chiropractor #1] - an average of one every 2.68 days; second, if [the Appellant] had not, by January 10th, 1995, reached the same condition as had prevailed on March 18th, 1994, she had certainly done so by April 10th of 1995 if the sharp down-turn in the frequency of her visits to [Appellant’s chiropractor #1] is any indicator of her condition.

For the entire period from January 1st, 1994, to January 10th, 1996, the Appellant attended for treatments by [Appellant’s chiropractor #1] an average of 2.84 times per week.

Throughout the year 1995, the average frequency of her visits to [Appellant's chiropractor #1] was about once every three days, closely akin to the frequency that prevailed in the months prior to the Appellant's first 1994 accident.

Medical Reports

1. [Appellant's chiropractor #1] provided M.P.I.C.'S claims department with four reports on the insurer's standard form:

(a) [Appellant's chiropractor #1's] report of his examination of the Appellant on August 2nd, 1994, prescribes 'ice, supports, rest, adjustments and electrotherapy', the likely frequency and duration being 5 times per week for about 6 months;

(b) his report of his examination of the Appellant on October 15th, 1994, prescribes 'adjustments and electrotherapy' for about 6 weeks, but with the frequency slightly reduced to 4 to 5 times per week;

(c) his report of an examination of the Appellant on November 25th, 1994, prescribes the same treatment, but now reduced to 3 times per week for a further 6 months;

(d) his report of an examination on January 6th, 1995, prescribes 'electrotherapy, stretching and adjustments', 3 times per week, to be reviewed in 12 weeks.

In addition, [Appellant's chiropractor #1] furnished a narrative report to M.P.I.C.'s Internal Review Officer, [text deleted] bearing date June 27th, 1995, following his examination of [the Appellant] on June 21st.

In that report, [Appellant's chiropractor #1] confirms that [the Appellant's] symptoms were consistent with her own descriptions of the incidents in which she was involved, and with a diagnosis of a "cervical acceleration/deceleration syndrome" (i.e. a so-called 'whiplash' injury). He adds that the injuries to [the Appellant's] "lumbo pelvis" (by which we take him to refer to the skeletal portion of the lower torso, between the bottom of the rib-cage and the top of the coccyx or tail-bone) are "consistent with those expected as a result of impact injuries of the patient's body with the restraining belts". After noting that his examination revealed:

(i) spasming to muscles on the left side of [the Appellant's] neck;

(ii) spasming to the left side of the trapezius and rhomboideus musculature (*i.e.muscle groups of the upper part of the back);*

(iii) a deficiency of up to 38% in the right rotation of the Appellant's cervical spine (*compared to a deiciency of only about 12% revealed by each of the flexion, extension, left rotation, right lateral flexion and left lateral flexion tests of her cervical spine range of motion*);

(iv) some loss of normal joint motion to the mid-dorsal spine; and

(v) losses of normal joint motion to the joint between the lower part of [the Appellant's] spine and the upper part of her left hip-bone.

[Appellant's chiropractor #1's] narrative report, which was supported by his oral evidence, goes on to confirm that treatment has consisted of the use of electrotherapeutic current aimed at the rehabilitation of the injured musculature and specific chiropractic adjustments aimed at restoration of normal spinal movement. He adds that, in June of 1995, [the Appellant] "continues to require care on approximately a frequency double that which she required previous to the accidents in question". In the course of his oral testimony, [Appellant's chiropractor #1]

amended that last comment from "double" to "about one-and-a-half times" the previous frequency.

2. In addition to her examinations and treatments by [Appellant's chiropractor #1], [the Appellant] had apparently received what [Appellant's chiropractor #1] refers to as "emergency chiropractic treatment" from [Appellant's chiropractor #2], although we do not know when, nor how often, nor under what circumstances, that occurred. We did not receive any report from [Appellant's chiropractor #2].

3. As well, [the Appellant] consulted [Appellant's doctor], on August 4th, 1994, - five days after her second accident in that year - primarily with a view to obtaining a medical certificate that would excuse her from work. [Appellant's doctor's] Initial Health Care Report, furnished to the insurer under date of May 1st, 1996, indicates that her examination of [the Appellant] had revealed a very low classification of whiplash-associated disorder (neck complaint of pain, stiffness or tenderness only, without any musculoskeletal or neurological signs, fracture or dislocation), that the Appellant could return to work and perform all usual activities, working full duties, but would continue to exhibit some symptoms resulting from the accident. The anticipated duration of those symptoms was not indicated, but we have to assume, from the remainder of [Appellant's doctor's] report, that she did not feel that it should take too long for the symptoms attributable to the July 29th, 1994, accident to clear up. Strangely, although [Appellant's doctor's] report makes mention of the 1990 accident it is silent upon the subject of the minor collision of March 19th, 1994; we have to assume that this is because [the Appellant] did not mention it. [Appellant's doctor] advised [the Appellant] to continue regular stretching in order to minimize spasm and maintain range of motion.

4. On December 22nd, 1994, [the Appellant] was examined by [text deleted], an independent chiropractor, at the request of the insurer. [Independent chiropractor's] report, amplified by his oral testimony, concluded that, while [the Appellant] still had subjective symptoms - weekly headaches of diminished intensity, soreness on the right side of her neck and in the upper back, with intermittent pain aggravated by such normal, domestic activities as vacuuming, holding her niece or turning sharply, and very sporadic 'pins-and-needles' sensation in her left arm, from the elbow down to the fingers - [independent chiropractor's] examination of the victim was, as he put it, "....void of any major positive findings. As stated, she had no limitation of her ranges of motion; no nerve root signs; no major biomechanical deficits; and no evidence of any major muscular spasms." [Independent chiropractor's] recommendations included the implementation of therapeutic spinal exercise on a regular basis; a slow return to [the Appellant's] previous pattern of workouts, to be started slowly and increased gradually; and the need to try to keep the knees slightly higher than the hip joints, when seated, to decrease pressure on the spine. [Independent chiropractor] expressed the view that, by December of 1994, [the Appellant] had recovered fully from any injuries that she might have suffered as a result of what he called "these minor accidents", and that she was physically capable of returning to work on a full time basis, although she could expect to be a little sore initially, due to the time that she had been off work.

[Independent chiropractor] went on to say that, while [the Appellant] might wish to continue with her pre-accident maintenance treatment, that would be unrelated to any injuries sustained in the two, 1994 accidents.

In conclusion, he said, "she had no evidence of any permanent disabilities nor signs that she sustained any type of permanent physical impairment. She will likely have a continuance of non-specific soft tissue spinal complaints, similar to what she has experienced throughout the past number of years."

M.P.I.C. concluded that, by January 10th, 1995, [the Appellant] was in no further need of chiropractic treatments in the context of her automobile accidents, and therefore decided to discontinue paying for those treatments received by her after that date.

THE ISSUES:

A. Had the Appellant been restored to her pre-accident status of March 19th, 1994, by the time that M.P.I.C. discontinued paying for her chiropractic treatments on January 10th, 1995?

B. Were the chiropractic treatments that she received after January 10th, 1995, medically required and made necessary by either or both of her 1994 automobile accidents?

THE LAW:

Section 136(1) of the Manitoba Public Insurance Corporation Act ('the Act') provides, in part, that:

> ***Subject to the regulations**, the victim is entitled, to the extent that he or she is not entitled to reimbursement under The Health Services Act or any other Act , to the reimbursement of **expenses incurred by the victim because of the accident** for any of the following**:***
>
> *(a) medical and paramedical care.....*
>
> *(d) such other expenses as may be prescribed by regulation.*

Sections 5 and 9 of Regulation 40/94, (being the relevant sections referred to in the Act quoted above), read, in part, as follows:

> **Medical or paramedical care**
>
> *5. Subject to Section(s).....9, the corporation shall pay an expense incurred by a victim for the purpose of receiving medical or paramedical care in the following circumstances:*
>
> *(a) **when care is medically required** and is dispensed in the province by a physician, paramedic, dentist, optometrist, chiropractor, physiotherapist, registered psychologist or athletic therapist, or is prescribed by a physician;.....*
>
> **Dental care, chiropractic treatment and physiotherapy**
>
> *9. The expenses payable by the corporation for dental care, chiropractic treatment and physiotherapy provided to the victim shall be fixed by the corporation in such amount as the corporation considers reasonable and proper for the service provided.*

It is clear, from the foregoing, that what this Commission needs to decide is whether all or any of the chiropractic treatments received by [the Appellant] from [Appellant's chiropractor #1] after January 10th, 1995, were medically required and can properly be called 'expenses incurred..... because of the accident(s)'. If so, then she must be reimbursed for them; if not, her appeal must fail.

SOME SALIENT POINTS OF EVIDENCE:

The extracts from the evidence of [Appellant's chiropractor #1] and [independent chiropractor] that are noted above by no means represent the entirety of their testimony; they each gave lengthy and carefully considered evidence. [The Appellant], herself, testified at some

length, and we have no reason to doubt her sincerity. But, as is apparent from the foregoing, we are faced with quite conflicting opinions as to the nature and extent of, and the appropriate treatment for, the effects upon [the Appellant's] musculoskeletal structure of her two, 1994 accidents. Assuming, as we do, that those opinions were all advanced in good faith, it seems to us that we must weigh the reasoning and motivations behind each of those opinions and, having regard also to the professional literature to which we have been referred, must then adopt the view which, to us at least, appears to be the most logical and reasonable.

Several aspects of the evidence presented to us stand out as being persuasive. They are, in no particular order of priority, these:

A. We were referred to portions of an article by Dr. Arthur C. Croft, apparently published in the July 31st, 1992, issue of 'MPI's Dynamic Chiropractic', and entitled "MVA and MMI: How much is Enough?" (In this context, MMI means maximum medical improvement and MVA means motor vehicle accidents.) Dr. Croft posits five grades of severity of cervical acceleration/deceleration (CAD) trauma, of which Grades No.s II and III seem to be the ones relevant to the present enquiry. Grade II describes the victim's injuries as "slight, limitation of motion, no ligamentous injury,no neurological findings"; Grade III speaks of "moderate, limitation of motion, some ligamentous injury, neurological findings present". (The commas before 'limitation of motion' in each grade appear in the text, which would make better sense without them.)

We are asked by counsel for the Appellant to accept the evidence of [Appellant's chiropractor #1], supported to a limited extent by [independent chiropractor], that the injuries sustained by [the Appellant] fall about mid-way between those two grades. We say 'to a limited extent', since [independent chiropractor] had testified that, although it was possible that there had been some minimal ligamentous injury, there were no neurological findings. [Appellant's chiropractor #1], too, found no neurological damage.

Dr. Croft's article goes on to provide a table, indicating the frequency and duration of care in CAD trauma cases, of which the applicable portions are these:

Duration of	Treatment	Daily	3x/wk	2x/wk	1x/wk	1x/mos	treatment	total number
Grade II	1wk	4wks	4wks	4wks	4mos.	25wks	29 *	
Grade III	1-2wks	10wks	10wks	10wks	6mos	56wks*	76	

*Dr. Croft's figures seem to be slightly inaccurate since, by our calculation, the total for Grade II should be 33 and the number of weeks for Grade III should be 57-58, but are close enough to be acceptable for present purposes.

If we accept, for present purposes, the rather doubtful thesis that [the Appellant's] injuries were, indeed, at about the mid-way point between Grades II and III, then we might anticipate that she would have received about 53 treatments over a period of some 40-41 weeks. In fact, she received 157 treatments over 43 weeks between the date of her first accident in March and the date when the insurer quit financial responsibility for her chiropractic visits. While we do

not accept the suggestion of [Appellant's chiropractor #1] that [the Appellant] was the victim of 'multiple trauma', since four years had elapsed between her March, 1994 accident and the one immediately preceding it in 1990, the foregoing figures must, of course, be read against the backdrop of two collisions within about four months, so that some divergence from the norm can be expected. [the Appellant's] experience represents a deviation of three times the norm. The other qualifying comment is that Dr. Croft's figures must all be read with the added words 'more or less'; they are not chiselled in stone tablets.

B. We were referred to the proceedings of a consensus conference, commissioned by the Canadian Chiropractic Association and held in Ontario on April3-7, 1993. That conference produced 'Clinical Guidelines for Chiropractic Practice in Canada' and those guidelines were, in turn, adopted by the Manitoba Chiropractic Association's Board of Directors, to be applicable to the profession at large in this province, on May 31st, 1994. The following exerpts from those guidelines deserve repetition here:

"The primary goal of chiropractic care is to provide sufficient care to restore health, maintain it, and prevent the recurrence of injury and illness. Used appropriately, chiropractic care is capable of reducing pain, improving function and promoting health. ***Used inappropriately, it can become a passive treatment approach promoting patient dependency*** *(Chapman-Smith 1992)."*

" Alone, the repeated use of acute care measures generally fosters chronicity, physician dependence, and over-utilization (Riley et al. 1988)."*

* This Commission notes, at some risk of over-simplification, that acute care measures are predominantly those of the passive kind, such as manipulation or adjustments and transcutaneous electrical nerve stimulation, at least initially, followed in due course by slow speed and minimal load exercises that can gradually be increased to promote, first, endurance and, thereafter, strength.

" *D. Complicated cases:*

Subacute and chronic conditions are usually considered to be complicated in that they have exhibited regression or delayed recovery in comparison with expectations from the natural

history.

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> *8.7 Symptom response: after a maximum trial therapy session of manual procedures lasting up to two weeks, and consisting of 3 to 5 treatments per week, reassment is required if no demonstrable improvement has been noted. An alternative approach consisting of a maximum of four weeks may be instituted if warranted.* ***Should not demonstrable improvement be forthcoming following this second trial, the patient should be referred or discharged.***

C. It is abundantly clear either that [the Appellant's] condition, whatever the cause, was chronic, or alternatively that she had developed an unhealthy degree of dependency, long before her first 1994 accident - witness the fact that, in the 63 weeks between January 1st, 1993, and the date of the first 1994 accident on March 19th, she had received at least 132 chiropractic treatments, an average over the period of slightly in excess of two treatments per week, and the frequency had been creeping up rather than diminishing.

D. Both [Appellant's chiropractor #1] and [independent chiropractor] seemed to agree that [the Appellant's] condition was not stable prior to March 19th, 1994 - she had, after all, been seeing [Appellant's chiropractor #1] more often than twice per week , on an average, throughout 1993. Once again, the figures provided by [Appellant's chiropractor #1] bear this out: an average of 9.00 visits per month in 1993, 9.44 visits per month between January 1st and March 19th of 1994 and an average of 9.96 visits per month throughout 1995 - one-half a visit more per month in the disputed period than in the pre-accident 14 months.

E. Both [Appellant's chiropractor #1] and [independent chiropractor], as well as the relevant literature, also agree that each practitioner, when confronted with a new patient, or a new

injury of an existing patient, must use his/her best efforts to produce an accurate diagnosis, one or more goals, and a plan for achieving those goals. While we do not suggest that [Appellant's chiropractor #1] did none of those things, we are hampered by the fact that his clinical notes contain no diagnosis, nor any symptoms nor changes in symptoms between the pre-accident and post-accident periods of treatment. Similarly, no particular plan of treatment is indicated by his notes; while this, of course, does not necessarily mean that he had no such plan, it makes it almost impossible for us to guage whether, if he had such a plan, it was working. We can only deduce that, since she was still going for treatmants 2.3 times per week, on an average, as recently as January of this year, that the plan/treatment were not working. The treatment seems to have been limited to continuous, passive intervention rather than having been directed towards restoring function.

F. Counsel for [the Appellant], in his thoughtful summation, points out, quite correctly, that [independent chiropractor] had only seen the Appellant on two occasions, namely, September 24th, 1991, and December 22nd, 1994, each time in the form of an independent medical examiner and at the request (and expense) of the insurer. Counsel submits, therefore, that [independent chiropractor's] evidence, although given in good faith, should be viewed against the backdrop of the facts that he has been conducting examinations of this kind for M.P.I.C. since 1983 and, recently, at the rate of about 3 per week, ('he who pays the piper.....etc.), and that a single examination on a patient's 'good day' can, at best, only produce a snapshot of that patient's condition, without the more comprehensive knowledge of the whole patient that comes with extensive contact and treatment. The latter point is indisputable; the former is a dangerous argument to advance, since it can quickly become a two-edged sword - to the cynic, each

chiropractor might be said to have had an ulterior motive underlying his testimony. Since we do not share that cynicism, we elect to pass by that argument on the other side of the road.

G. [the Appellant], in her evidence-in-chief, told us that she had been seeing [Appellant's chiropractor #1] about twice a week prior to March 19th of 1994 "for back problems related to the three previous injuries" - that is to say, the injuries from 1985, 1986 and 1990. She said "I'd been having headaches, stiffness in my neck muscles, pain in the back area, but was still working 13-hour shifts and still feeling good at the end of a shift, plus aerobic workouts twice a week."

She had, in fact, been under chiropractic care steadily since 1985 except for a brief period when she was out of the country. The least number of treatments that she had received through all those years, she said, was once in each 10 days, originally from [Appellant's chiropractor #3] and, later, from [Appellant's chiropractor #1] as well. An important part of her testimony about 1994 was this: "After the first accident in March .....I was seeing [Appellant's chiropractor #1] 5 times a week; that tapered off gradually until the July accident, when I went back to 5 times a week.....by September, I was down to 3 times a week and, by December, twice a week, - just about the same as before the accident."

She added that [Appellant's chiropractor #1] had had her doing stretching exercises at home twice a day, that by December of 1994 she was down to once a day, but that she had not mentioned this to [independent chiropractor].

H. [Appellant's chiropractor #1] and [independent chiropractor], as well as the

Guidelines, all agreed that there are normally three phases to the chiropractic treatment of a person who has suffered injuries of the sort sustained by [the Appellant]: acute, active and rehabilitation. The **acute** phase normally lasts only a few days or, at most three or four weeks; treatment during this period is directed toward reducing any swelling and inflammation, perhaps bed rest, reduction of activities and some chiropractic adjustments. During the **active** phase, the thrust of treatment is to improve pain-free motion in the affected area(s) of the body. When the maximum range of motion has been achieved, then the **rehabilitation** phase begins.

Here, the goal is to achieve increased strength and endurance and to increase the patient's physical work activity. These last two phases should take some period between a few weeks and a few months, depending upon the patient and the injuries sustained. In those same later stages, the patient may have to do some exercises or make changes to the way in which they work and conduct their life-style, or both.

I. [The Appellant] testified that she had been receiving what she called 'maintenance treatments' from [Appellant's chiropractor #1] from December of 1993 until the March accident in 1994. However, all of the professional evidence was to the effect that maintenance care, which is elective and at the discretion of the patient, requires, at most, one treatment per month, and that [the Appellant] was not on any maintenance program either during the year or more before March of 1994 or after January 10th, 1995.

J. [The Appellant] complained of pain, discomfort and headaches prior to her March, 1994, accident, the extent and amount of which we can not ascertain, but she was seeing

[Appellant's chiropractor #1] for treatments at least twice and, more often, three times per week. For example, her visits to him from the beginning of 1994 were as follows: on January 3, 7, 12, 14, 17, 21, 24, 28; on February 1, 3, 7, 11, 12, 17, 19, 23, 25; and on March 2, 4, 7, 8, 10, 11, 16, 17, 18, and then, of course, on the 19th. Nine treatments in March alone, prior to the accident on the 19th, would seem to indicate a need for treatments perceived, at least, either by [Appellant's chiropractor #1] or his patient, or by both of them, of much the same frequency as was applied after January 1st of 1995. While the Appellant's condition cannot be gauged with any accuracy by relying solely upon the frequency of chiropractic treatments - particularly when the victim of one or more accidents has had a lengthy history of pre-accident chiropractic adjustments extending over many years - the fact of her ability to return to 8-hour working days is at least one other factor to which we may look and, while the exact date of her return to work was not made clear to us, but it seems clear that she was back working for the maximum number of available hours by early January of 1995.

CONCLUSION

After re-examining all of the evidence presented to us (and not merely those portions quoted or referred to above) we have concluded that:

A. While it is clear that the symptoms of which she complained throughout 1993 and early 1994 were exacerbated by the two accidents, her physical problems seem to have reverted to their pre-accident status by January 10th, 1995.

B. The Appellant was receiving, for all practical purposes, the same treatments about once every three days during the period covered by the present appeal, as she had been receiving from the beginning of 1993 until March 19th of 1994, namely, adjustments and electrotherapy about once every three days, (contrary to [Appellant's chiropractor #1's] apparent recollection that the frequency of her treatments prior to March 19th, 1994, had been reduced to once in 10 days) with 'some stretching' being the only distinction, after January 6th, 1995, between the kinds of treatment in the two time-spans.

C. If the continuance of those treatments was, in fact, medically required - a conclusion that we have great difficulty in reaching - then their continuance was made necessary, not as a result of either of the automobile accidents but, rather, as part of a program designed to wean [the Appellant] off what appears to be a danger of becoming a permanent chronicity, an almost total dependency on chiropractic, without which she seems to have difficulty facing the demands of daily life.

DECISION

For the foregoing reasons, we must dismiss [the Appellant's] appeal. However, pursuant to Section 148 of the M.P.I.C. Act and to Section 43 of Regulation No.40/94, if it has not already done so M.P.I.C. is required to pay a reasonable fee to [Appellant's chiropractor #1], or to counsel for [the Appellant] if he has already paid [Appellant's chiropractor #1], for the narrative reports that were produced in evidence and bear date June 27th, 1995, and April 15th, 1996, respectively.

Dated at Winnipeg this 11th day of October, 1996.

Charles T. Birt, Q.C.	**Lila Goodspeed**	**J. F. R. Taylor, Q.C.** **(Chairman)**