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CONTENTS

7

Virtual Independent Medical Assessments

A Better Experience vs. In-Person Assessments?

13

Appraisal versus Arbitration

"In the event of disagreement as to the value of the property insured, the property saved or the amount of loss..."

24

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from a Low Speed Rear End Collision?



REGULAR FEATURES

President's Message.....	4
OIAA Executive Council.....	5
Chapter Spotlight.....	18 - 21
OIAA Chapter Executive.....	42
Advertisers' Index.....	41

WHAT'S HAPPENING


Holiday Party	16
Save the Date	22
Claims Conference	23
OIAA Toronto By-Election	33
OIAA Wine Event photos.....	34 - 36

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I can't believe it is the end of October already, I have been in Toronto all week for a series of meetings and training. I came out of the hotel earlier in the week around 5 AM to head over to the office and it was 19 degrees. I thought I was dreaming, I immediately looked at my watch to make sure it really was October. I am not sure if it is global warming or just some unusual weather event happening, but I didn't mind it in the 10 minutes it took me to walk over to the office.

There is so much going on in the world, and it breaks my heart for all of the loss of life and chaos that is happening across the globe and most recently in Maine, which is pretty close to where I live and a state that our family likes to frequent. I feel so blessed to have gotten the opportunity to move to Canada with my family when I was young and make Canada my home. Although I love to travel, I am always so happy when I pass through customs, and I hear the "Welcome to Canada".

On a happier note, the leaves are changing, and I get to put away my lawn mower for the next 5 to 6 months, I hope. But on the other hand, I have to get the snowblower ready for action. As most people know I live just outside of Kingston, Ontario, and this weekend we will be going to the local Fairgrounds to shell out candy to the local kids and families that live in the area. My wife, Shari; my daughter, Sarah-Marie and I will be joining other local small business owners from the community to hand out candy to over 800 kids. It is always a fun day seeing everyone dressed up and just having a great time. My fingers are crossed for a great weather day, hoping for another 19-degree day.

This past Wednesday I had the pleasure to host and hold my 2nd OIAA Event in Niagara on the Lake, at "The Great One's" Winery, Wayne Gretzky Estates. My goal this year was to host as many events throughout different areas Ontario, and to meet as many new adjusters as possible, vendor partners and colleagues along the way. I feel like after this most recent event, I know why I wanted to do this.

It was so great to meet new people from the industry and reconnect with old friends from both sides of the border that

I haven't seen in person since 2019. We even got to celebrate Carrie Keogh's 29th (forever) birthday with her. I want to give a special thank you to all of our Sponsors that helped make this event possible: Davis Martindale, Accomsure, and ServiceMaster Restore of Kitchener - Waterloo | Niagara | Guelph. Your dedication and support of the OIAA does not go unnoticed and I wanted to personally extend my gratitude to everyone who supports the OIAA, because without you we are unable to put on these events.

As I look towards the Holiday season, we have one of our biggest events of the season coming up. The Annual Holiday Party, this year it will be on December 7, 2023, at the Sheraton Hotel. Tickets will be on sale by the time you read this, and the Sheraton has been kind enough to extend a really incredible rate for the Friday and Saturday night at \$ 175.00, plus tax.

Our Excellence Sponsor this year is none other than Hudson Restoration, thank you to all of the team at Hudson and the OIAA that helped bring this together. Hudson has a long tradition of giving back to the community and this year is no different. They are accepting monetary donations for The Toronto Star Santa Clause Fund, <https://www.thestar.com/initiatives/santa-claus-fund/>. This charity began in 1906 and has been serving the greater GTA ever since. With your gift, you can help provide holiday gift boxes that inspire hope and joy to 50,000 financially vulnerable children.

The first 50 people who come to their photo booth and make a donation will also receive a free drink ticket for a holiday beverage. You also will get a photo with Santa as well.

New this year, we are hosting our Past Presidents at our Holiday Party, we know it is tough to get everyone out to every event. But we know most of you all attend our Holiday Party, so this year we will be having as many Past Presidents attend and be honoured for their tireless dedication and efforts from years past. So please join me and my family and my OIAA family as we celebrate the Holiday Season with dinner, music, laughter and of course Santa.

Lastly, I am also very excited that Brittany and her daughter, Gianna will be joining us for this Holiday event. Brittany has graciously agreed to tell us her story about the great care that her family received while spending the first few months of Gianna's life at MacMaster Children's Hospital. So don't be surprised to see a little one to start the night off, she is not an elf; but is an absolute angel. Your generous donation of \$ 5.00, on every ticket goes to support all of the amazing and incredible work that is done at McMaster Children's Hospital.

I look forward to seeing you all on December 7, 2023, as we catch up and dance the night away and have a great night with old and new friends.

See you all soon,

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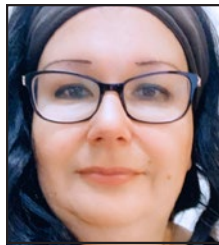
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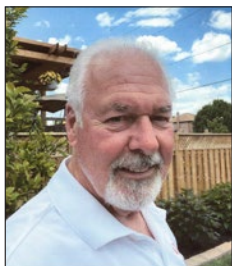
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**Official Journal of the Ontario
Insurance Adjusters Association**



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ISSN 0833-1278

Virtual Independent Medical Assessments - A Better Experience vs. In-Person Assessments?

By: simacadmin



INTRODUCTION

In March 2020, the world changed. As COVID-19 swept across the globe and people were locked in their homes, we all had no choice but to adapt to our new circumstances. Basic routines like shopping, consuming media and working – simple everyday tasks, changed with the times. Some technologies needed to be created out of whole cloth (touchless pickup protocols), while others simply found themselves in the right place at the right time. For example, Zoom’s annual minute usage went from 60 billion in 2019 to 3.3 trillion throughout 2020. I had never used Zoom to communicate with my colleagues in the office next door, did you?

Many industries suddenly found themselves having to think like a Silicon Valley start-up just to survive, and this includes the Insurance Industry. Insurance Technology (InsureTech) has simplified many aspects of the policyholder’s experience. A robust 61% of policyholders polled said they prefer to interact with digital interfaces rather than live agents. However, the adoption of InsureTech has been far from uniform, often leading to a few technology leaders and many more insurance traditionalists. A McKinsey 2019 analysis identified aging IT infrastructure as a major block to digitization for most Insurers, with 2019 IT investments of \$225B USD unable to properly prepare Insurers for the upcoming 2020 issues. Therefore, with this unequal adoption of technology, many insurers would have been unable to facilitate claims during the COVID lockdowns properly.

Enter the third-party vendors, often more agile with less cumbersome legacy systems, and find themselves able to take the InsureTech lead during the COVID lockdowns. Telehealth, while not a new process, as it was first used in 1959, had many obstacles to overcome, including bandwidth, cybersecurity, data storage, regulatory compliance, and consumer adoption. The technology started gaining traction by focusing on healthcare niches, such as training and rural patient care. However, with COVID, the adoption rate became turbocharged as Insurers and their

supporting vendors either found themselves in a Zoom-like position (right place/ right time) or playing catch-up. Digitization was a natural progression for many aspects of the industry, including the quotation process and reviewing documentation for an existing policy. However, in more obscure niches, it wasn't so obvious or even clear that digitization would work.

Enter the Independent Medical Examination sector (or IME)

IMEs are an obscure area of the insurance claims process that wouldn't be well known to the general public but an essential service for claims professionals. IME providers have traditionally facilitated medical examinations requiring the claimant to be present in-person but, like so many other industries, needed to adapt during the COVID lockdowns to ensure claims were adjudicated in a timely manner.

Many of the obstacles that have prevented TeleHealth from mass adoption were quickly being overcome. With access to broadband and a decent camera somewhat ubiquitous, video conferencing was no longer in the realm of the Jetsons anymore. SIMAC, pre-COVID, had seen the power of this new technology and thought it could be applied, via a virtual assessment (or V.A.), a first for the Canadian insurance industry, finding itself at the right place, right time once people were forced to stay home.

But the big question would be, "After the world returns to normal, have virtual assessments had their time in the sun or will they become a part of the claims process standard operating playbook?"

- 1. <https://backlinko.com/zoom-users>
- 2. <https://www.altexsoft.com/blog/insurance-technologies/>

VIRTUAL ASSESSMENTS - THE RUNDOWN

The goal for all stakeholders in the claims process is to have the file move through the adjudication system as quickly as possible. Often physical examination data yields little extra insight above the "onset data" provided by the diagnosis. This is when a virtual assessment can make a lot of sense. The benefits of a V.A. may seem obvious, but the widespread adoption won't be fully realized until the near term and major roadblocks are addressed.

IMMEDIATE BENEFITS	NEAR TERM ISSUES	MAJOR ROADBLOCKS
Reduced anxiety and COVID exposure	Assessor jurisdictional approval	Onset data is unreliable or unavailable
Less travel and wait times	Claimant technology access (ex: hi-def camera)	Threats of legal, via "insufficient data" challenge (although approved by courts)
Greater assessor availability	Assessor technology adoption (ex: secured communication	Inconsistent jurisdictional laws
Environmental impact	Onset data organization	
Standard examination policy	Consent and I.D. verification	
More time with an assessor		

Near term issues are often just process flaws that can be ironed out with careful planning and communication. Let's review...

NEAR TERM ISSUES	PROCESS GAP	SIMAC RESOLUTION
Assessor jurisdictional approval	Assessors not licensed countrywide leading to regional bottleneck	Recruit assessors licensed in multiple jurisdictions to avoid bottlenecks
Claimant technology access (ex: hi-def camera)	Claimant lacks access to the required technology to conduct a viable IME, such as (unreliable WiFi in remote areas)	Pre-screen technological equipment or capabilities prior to coordinating assessments
Arrange to bring technology and assistance closer to claimants' location, including training		
Assessor technology adoption (ex: secured communication)	Assessor lacks ability to secure medical documents properly	All communications are in pdf format and password protected
Onset data organization	Initial medical documentation is unorganized, making it time-consuming for an assessor to begin pre-assessment	Pre-assessment process in place to remove unnecessary and duplicate documents and indexed for quick and convenient access
Consent and I.D. verification	Risk of identification fraud	Provide pre-signed consent prior to assessment and display government-issued photo I.D. to the camera prior to assessment

The onboarding documents are key in ensuring any IME is efficient, safe, secure and unbiased.

Onboarding Documents Table

SOURCE	VIRTUAL POTENTIAL	VIRTUAL EXAMPLE
Case specific		
Request/Referral	✓	Online forms
Medical records and documents	✓	PDF documents
Imaging and diagnostic studies review	✓	Virtual viewing
History	✓	Web-based interview
Individual's forms and inventories	✓	Online
Physical examination	✓ +/-	Web-based, with limitations

According to the AMA, any onboarding data required for a proper pre-assessment screen has already been migrated into a virtual format. Having the entire claimant process managed virtually will allow a seamless flow and review of claimant data. SIMAC has adopted a robust internal policy along with 3rd party software to make the entire onboarding package standardized and easy to read. We feel this process can still be quite manual, especially

moving data from one system to another, but developments in A.I. will overcome any obstacles, and we agree with the AMA that no part of the IME process cannot be improved by technology.

Moving on from near-term issues, major roadblocks are obstacles driven by industry protocols or gaps in information that would render an IME report low-quality or biased. The common saying is that "time heals all wounds," well, we feel time will help sort out many of these major roadblocks. The American Medical Association (AMA) has already laid out comprehensive guidance on virtual assessments as a telemedicine procedure, recognizing the process as a cost-effective tool to connect with claimants. Therefore, the medical professional bodies have jumped in with both feet,

providing the industry assurance that V.A. is an important tool. It will take time for the Canadian bodies and case law to shake out any issues specific to our country. SIMAC will continue to monitor and post any legal decisions and other rulings or communications that would create greater clarity.

3. www.ama-assn.org/system/files/2020-06/virtual-medical-impairment-assessments.pdf

4. <https://www.ama-assn.org/system/files/2020-06/virtual-medical-impairment-assessments.pdf>

VIRTUAL ASSESSMENTS › THE FUTURE

Despite the major roadblocks for V.A.’s deriving from internal or external processes, there is still a technology gap, especially when a physical assessment yields a lot of insight or onboarding data is unreliable. Several startups have arisen to fill these needs that work with existing video conferencing platforms, utilizing the latest tech like A.I., large language models or even VR. Let’s review some technologies that have entered the market and their impact on both the communication process (felt by the claimant) and the IME process (felt by the assessor)...

TECH COMPANY	PROCESS	IMPROVEMENT TO VIRTUAL COMMUNICATION?	IMPROVEMENT TO IME PROCESS?
Kudo Way	Improve access to language interpreter	X	X
Wise Docs	Eliminate wait times with medical doc organization		X
Wellue’s DuoEK	Wearable ECG monitor	X	X
Auth0	2 factor authentication to improve record security		X
OnePlus	Facial, muscle biometric recognition		X

This is just a short list of companies that are using A.I., large language models (think ChatGPT) and other technologies relying on improved camera technology. Biometrics is expected to be a \$70B market by 2025, with COVID and the virtual assessment market being the catalyst for innovation. However, many of these innovations still need to deal with one hurdle; actually have a virtual claimant be in physical ownership of the device. Luckily, companies like 23andme and other at-home test kit companies have already proven out and solved for shipping back/forth sometimes costly equipment. If (re)packaging and shipping, along with offering disincentives for failing to return the products, is made clear enough, stakeholders will be willing to go along with the program.

There are still pockets of innovation that need to occur in order for the process to be enhanced, in most use cases, beyond the in-person assessment. In our opinion, after conducting thousands of IMEs, here are some key areas that can be improved by utilizing some of the latest technology but have yet to move beyond a beta phase...

5. <https://imageware.io/4-applications-of-biometrics-in-telehealth-services/>

PROCESS	TECHNOLOGY	IMPROVEMENT
Language interpretation	A.I.	Back-and-forth dialogue, optimized for health terminology
History Pre-screen	LLM Chatbot	Instead of assessor, conduct pre-screen interview with claimant using chatbot
Range of Motion Assessment	Smartphone app synced with hardware	Use smartphone integrated magnetometer instead of traditional goniometer

“Hot” technologies are definitely a risk, like ChatGPT, that can’t be used due to a conflict on who would own the assessment data or A.I. who could make a miscalculation during the V.A. leading to a wrongful report conclusion. More time and greater sample size will reduce any error bars, but human oversight will need to be involved until the error output bar is next to zero.

CONCLUSION

We titled the article “Virtual IMEs – A Better Experience vs. In-Person Assessments?” It is our conclusion that not only did V.A.’s fill a distinct gap during the COVID lockdowns to keep claims flowing promptly through the system but has actually created a better experience for all stakeholders, from the claimants, lawyers and assessors to the insurance industry. Despite the stigma still attached to V.A., with downsides still apparent, the adoption of this technology has yielded a better product. The V.A. process will only improve with the increase in sample size and tail risk cases moving through the technology and judicial process.

Stay tuned for more to come from SIMAC Canada as we continue to be on the cutting edge of the adoption of these technologies.



SIMAC overview

SIMAC has been providing independent IME services since 2001 in accordance with the industry’s highest standards of operating excellence, regulatory compliance and privacy laws. SIMAC undergoes independent third-party oversight of its operations in compliance with our accreditation by CARF, the

Not all accountants are MDD Forensic Accountants.



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Appraisal versus Arbitration

By: George R. Mines



The following represents the opinions of George R. Mines whose bio and CV are available on-line for review at www.adrchambers.com. His views do not necessarily represent the views of ADR Chambers.

Subject:

Statutory Condition 11 triggers the appraisal process as set out in s. 128 of the Ontario Insurance Act. The following sentence within Statutory Condition 11 is the basis for this article.

"In the event of disagreement as to the value of the property insured, the property saved or the amount of loss, those questions shall be determined by appraisals provided under the Insurance Act "

The meaning of this sentence should be interpreted and clearly defined by the courts, where professional linguists give testimony under oath and are subject to cross-examination.

Being what I believe to be a legal issue places its interpretation outside the legislative authority of an umpire.

Investigation:

The Act states, in the event of disagreement as to the:

1. value of the property insured,
2. the property saved or
3. the amount of loss

Some interpret it's meaning to read:

1. value of the property insured,
2. **value** of the property saved or
3. the amount of loss.

Others interpret it to read...

1. value of the property insured,
2. **value** of the property saved or
3. **value** of the amount of loss.

Number 2. is not meant to list property (building materials, stock, and equipment etc.) saved, only its combined dollar value.

Number 3 is where the intended meaning of the Act needs to be determined by the courts, not umpires.

Most appraisals reported on, identify matters in disagreement to include the extent of damage and methodology of repair or replacement as a result of direct physical loss or damage, commonly referred to as the scope of loss.

Several umpires believe "the amount of loss" includes the appraisal panel making a determination as to the scope of loss, subject to policy wording, the umpire being the decision maker. The panel then places a dollar value, both a replacement cost (RC) value and an actual cash value (ACV) on the determined scope of loss, the umpire choosing one appraiser's opinion of value over that of the other. Umpires should avoid making a determination of fact as it pertains to the scope of loss or values on his or her own.

Case law suggests appraisals are intended to make a determination of value only.

Saskatchewan Court of Appeal, Citati on: Shinkaruk Enterprises Ltd. And Mr. Kleon Enterprises Ltd. v.

Commonwealth Insurance Company et al, 1990-06-28 [23]

Supreme Court of British Columbia, Virginia Ferrier o/a

Northwood Restaurant v. Map/ex General Insurance et al, 1991-10-11 [pages 5 & 6]

Argo's Foods v. Economical, 2016 ONSC 1169 [63]

To determine value, there must first be an agreed statement of fact between the parties as to the scope of loss or a bifurcated award be issued based on each party's opinion as to the scope of loss, leaving the courts determine trier of fact.

Since the above puts into play different approaches to determine the amount of loss, let's look a little closer to the actual wording in the Act.

The Insurance institute of Canada publishes a "Dictionary of Insurance"

The Act does not define the term, "amount of loss" or for the word "amount" However, the word "loss" is defined as a word often used in place of the word "claim" It refers to the amount an insurer must pay because one of the possibilities of loss insured against under a policy, has happened.

The Concise Oxford Dictionary Thumb Index Edition defines the "amount" as a noun and verb, 1. a quantity, esp. the total of a thing or things or things in number, size, value, extent, etc. (a large amount of money, came to a considerable amount). 2. The full effect or

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significance. -v.int r. (foll. by to) be equivalent to in number, size, significance, etc. Any amount of a great deal of. No amount of not even the greatest possible amount...

Some umpires consider the word "amount" as a noun, applying that application to the scope of loss from which they then determine the dollar value of that determination.

"Proof of Loss" is defined as a formal statement made by a policy owner to an insurer regarding a loss. It's intended to give information to the insurer to enable it to determine the extent of its liability.

The IBC Proof of Loss claim form asks for dollar values supported by requirements of Statutory Condition 6 (scope of loss)

Recommendation:

If the parties do not agree as to the scope of loss, arbitration can be considered.

If arbitration is agreed to by both parties prior to appraisal being demanded, there may not be a need for appraisal. Arbitration can address all matters in disagreement or any aspect thereof .

It can be as simple as both parties appointing an arbitrator who is knowledgeable of building damage restoration who will attend the site of loss with both parties and their experts to make a determination as to extent of damage and methodology of repair or replacement.

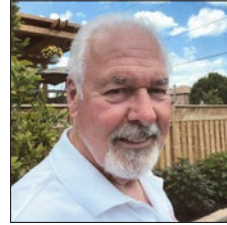
Unfortunately, this is often carried out by the umpire who takes on the role of an arbitrator making a determination of fact beyond their legislative authority.

If the scope of loss is agreed upon by the parties or determined by arbitration prior to appraisal being demanded, that aspect is off the table in appraisal.

Once proof of loss is delivered and appraisal demanded the parties no longer control the process. The umpire does and is responsible for procedural fairness.

If the parties do not agree on the selection of an umpire the courts will select one.

The only option the parties have at that stage to have the scope of loss determined by arbitration, is to seek the approval and adjournment from the umpire or request the umpire to issue a bifurcated award based on the separate scopes of loss and let the courts determine trier of fact.



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Chapter Spotlight

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KITCHENER-WATERLOO CHAPTER

The Kitchener – Waterloo Chapter (August 1, 2022 – July 31, 2023) had an amazing year. Upon reflection, we had a series of events that touched the heart of our community. We had an eventful event at Battle of the Bands in October which saw a series of musicians “rock out” for the evening to win the coveted title of “Battle Master”. It also allowed members and guests to show case their Halloween Costumes, which came with amazing cash prizes!

Battle of the Bands was closely followed with our “Bowling with Santa” event which took place in December at Bingemans King Pin Bowl. This was a free family fun event which included pizza, pop, bowling and of course a visit with the Big Man himself. We saw firsthand how generous our community is with donations of non-perishable food items for The Food Bank of Waterloo Region and donations of toys for the Salvation Army. This was a very successful event worthy of repeat... Stay Tuned!

I would like to take a moment to thank our Past President Kayla Helmond. Kayla was a busy lady this past year, with event planning for our chapter and being taken out of country and out of province for claims handling she has shown herself worthy of praise. Kayla, it has been a pleasure working alongside you and I look forward to many more years of camaraderie with our Chapter!

What’s next for us? We have a very exciting and eventful year ahead! We want to bring a focus to our industries challenging times while educating ourselves and colleagues on claims handling from all areas. We do hope that you can join us and share your knowledge.

2023 John McHugh Golf Classic





Chapter Spotlight

Get to Know the...

KITCHENER-WATERLOO CHAPTER

K-W - Delegate Final Report

Holiday season count-down is on!

The spirit of the holidays in the air, and I for one, am all for it! Peppermint Mocha is back at Starbucks, store décor is going up and all the music and lights!

The OIAA is bringing the spirit of the holidays to our Holiday Party and Past President's night to the Sheraton Centre Toronto on Thursday, December 7th, 2023. I hope to see you all out and take a trip down Candy Cane Lane with us!

We are big holiday nerds in my house – with 3 themed trees (holiday family memories, Disney and Harry Potter). Watching holiday movies as a family, cuddled up on the couch with cookies in hand.

In the spirit of the holiday and keeping with my WP tradition (started last year!), I want to share another of my family's favorite cookie recipes with you all:

Candy Cane Cookies

What you need:

3 Candy Canes (crushed)	¼ teaspoon salt
½ cup softened butter	¼ teaspoon baking powder
1 cup granulated sugar	1/8 teaspoon baking soda
½ teaspoon vanilla extract	1 and ½ cup of all purpose flour
1 egg	½ cup powdered sugar

- Preheat oven to 350 degrees. Grease light colored cookie sheets or line with parchment paper
- In a large bowl, cream butter and sugar together until light and fluffy. Whip in vanilla and egg. Scrape sides and mix again. Stir in all the dry ingredients (Except the powdered sugar) in a separate bowl and pour into the bigger bowl slowly, while mixing (electric mixer preferred). When fully mixed, stir in the crushed candy canes
- Pour the powdered sugar onto a large plate. Roll a heaping teaspoon of the dough into a ball and roll in the powdered sugar. Place on the baking sheet and repeat until done.
- Bake for 9-11 minutes or until bottoms began to turn brown. Remove from oven and let cookies cool for 3 minutes before transferring to a cooling rack.

Enjoy and have a wonderful holiday season!



Chapter Spotlight

KW Chapter at the...

2023 JOHN MCHUGH GOLF CLASSIC



Chapter Spotlight

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Is Concussion a Likely Injury Outcome from a Low Speed Rear End Collision?

By: Chad Gooyers B.Sc., M.Sc., Ph.D. Regional Director—Western Canada - 30 Forensic Engineering



Clinical assessments of concussion are typically based on subjective symptom reporting and patient history, making it difficult to objectively confirm or refute a causal link between a concussion diagnosis and a motor vehicle collision. Loss of consciousness, a reduced Glasgow Coma Scale (GCS) score and positive diagnostics (e.g., medical imaging studies) are rarely present in cases of reported concussion. Additionally, when formulating a clinical impression, most medical professionals have a limited understanding of the severity of the head exposure a patient experienced.

Because of these limitations, acceleration-based head injury metrics can be useful for quantitatively evaluating the severity of the head impact during the collision.

What follows is a summary of some of the recent published literature that should be considered when evaluating whether a concussion is likely to have occurred in a low speed rear end collision.



Occupant Motion - Initially Rearward

During a rear impact collision, occupants in the vehicle will initially move rearward relative to their seat. Essentially, they sink back into their seat as the vehicle is driven forward beneath them. Their motion into the seat will compress the padding and may cause temporary rearward bending of the seatback itself.

Later in the collision, the seatback will return to its initial position, pushing the occupant forward. This results in a 'rebound' of the occupant within the vehicle. During this rebound phase, the locking mechanism of the seatbelt typically engages, limiting the extent of an occupant's forward motion.

For properly restrained occupants, contact with forward structures in the vehicle (such as the steering wheel or dashboard) is not expected to occur during low speed rear end collisions – head contact is limited to the padded headrest.

Peak Head Exposure - Acceleration-Based Head Injury Metrics

The Insurance Institute for Highway Safety (IIHS) has conducted sled tests (i.e., simulated rear impact collisions) for the last decade with a properly restrained, 50th percentile male Biofidelic Rear Impact Dummy (BioRID II) instrumented to evaluate the crash-worthiness of head restraints and the dynamic safety ratings of automotive seats (Figure 1). The peak acceleration of these sled tests, which are ongoing, is 10 g, and the duration of the collision pulse is approximately 90 milliseconds (ms; i.e., faster than the blink of an eye). These tests are intended to simulate a 20 mph (approximately 32 km/h) rear-end collision with another vehicle of the same weight, which results in a collision severity or 'delta-v' of approximately 16 km/h.

A recent study by Courtney et al. [1] examined the head accelerations recorded from the BioRID II during 34 rear impact sled tests conducted by the IIHS from 2009 to 2017 with 10 passenger car

models that were leading in sales in 2017 (including the Toyota Camry, Toyota Corolla, Honda Accord and Honda Civic). The average peak resultant linear acceleration was 21.4 g (with a range of 13.6 to 27.3 g). The authors noted that this value was associated with a negligible risk of concussion according to contemporary concussion risk curves, discussed in more detail below.



Figure 1: Still-frame image (pre-test) from the IIHS Test No. SER17016, which was conducted with a BioRID II dummy in the front seat of a 2019 Toyota Camry.



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To give these values context, we can look at non-injurious activities where head impacts occur, such as heading a soccer ball. In youth soccer, this activity has been shown to result in head acceleration levels ranging from 4.5 to 62.9 g, with many impacts resulting in accelerations in excess of 20 g [2]. This means that the peak head exposure during low speed rear end collisions is comparable to what the head experiences during a routine game of youth soccer.

A similar paper by Scanlon et al. [3] further examined the head acceleration data from the IIHS rear impact testing. Data from 601 simulated rear impact sled tests on 2014 to 2018 model year vehicles were analyzed, with an average collision severity of 15.6 +/- 0.26 km/h. Findings from this work demonstrate that reductions in the Head Injury Criterion (HIC15), which considers both the peak magnitude and duration of head accelerations recorded from the BioRID II, were observed across model years. Put simply, vehicles seem to be improving in terms of reducing the head accelerations in rear-end collisions.

For reference, the distribution of HIC15 values across model years examined is reproduced as Figure 2. Based on Scanlon et al.'s study data, the highest HIC15 score from the IIHS sled tests over the last 10 years resulted in less than a 1% risk of concussion.

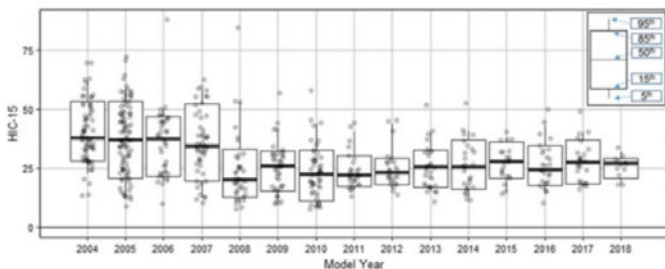


Figure 2: Cumulative distribution of Head Injury Criterion Values (HIC15) across simulated rear impact collisions conducted by the IIHS from 2014 to 2018 (Source: Scanlon et al.).

Similar findings have been presented in a recent study by Pasquesi et al. [4], who conducted full-scale crash tests with two 2014 Honda Accords occupied with restrained and instrumented 50th percentile adult male anthropomorphic test dummies (known as ATDs). In total, four crash tests were conducted that resulted in rear-end collision severities ranging from 5.6 km/h to 19.5 km/h. The study found the following:

1. Head Injury Criterion (HIC15) values ranged from 2 to 54.6.
2. Peak resultant linear head accelerations ranged from 7.9 g to 28 g.
3. Peak resultant rotational head accelerations ranged from 274 rad/s² to 946 rad/s².

Based on these findings, the authors concluded that the head acceleration-based injury metrics were low and corresponded to a negligible risk of concussion.

The authors plotted the peak acceleration-based head injury metrics from the staged low speed collisions on concussion risk curves from the published literature, which have been reproduced as Figure 3 and Figure 4.

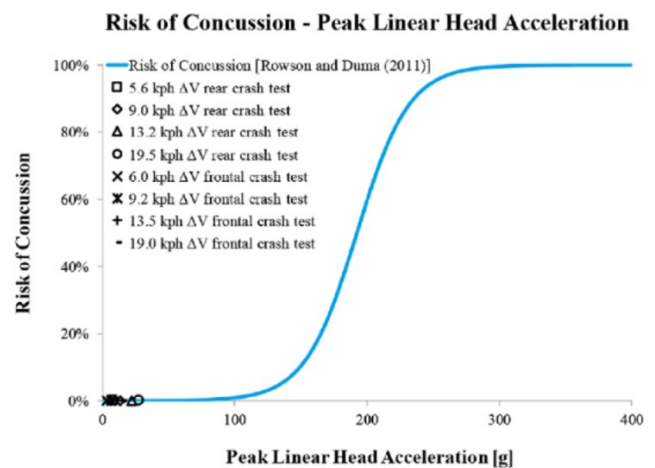


Figure 3: Risk of concussion during low speed rear impact collisions based on peak resultant linear head acceleration. Injury risk is plotted as presented in Rowson and Duma [6] (Reproduced from Pasquesi et al.).

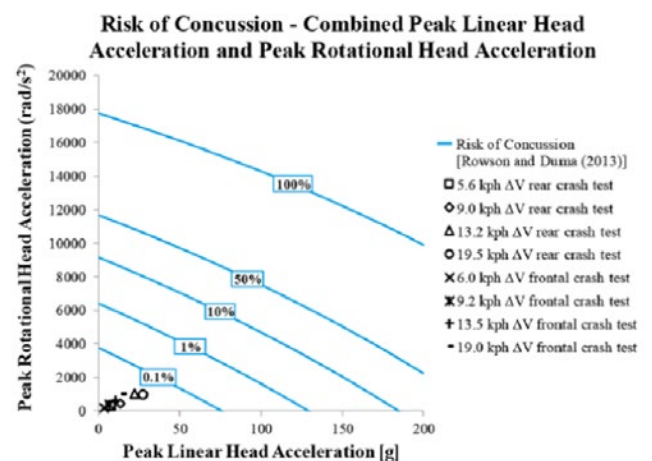


Figure 4: Risk of concussion based on the combination of peak resultant linear head acceleration and peak resultant rotational head acceleration. Injury risk is plotted as presented in Rowson and Duma [5] (Reproduced from Pasquesi et al.).

There have been several head acceleration-based risk curves for concussion proposed in the published biomechanics literature, which collectively are based on thousands of head impacts, including both concussion cases and controls. And while the 50th percentile risk of concussion across the different risk curves varies considerably (ranging from approximately 80 g to 233 g), the above-mentioned data from the IIHS simulated collisions corresponds to less than a 5% risk of concussion according to the most conservative model (Figure 5).

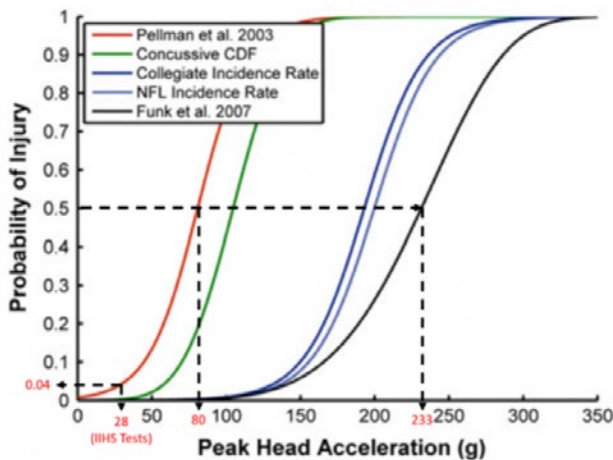


Figure 5: Comparison of injury risk curves for concussion from the published literature. (Reproduced from Rowson and Duma [6]). The max head acceleration from the IIHS sled tests (28 g) corresponds to a 4% risk of concussion according to the most conservative model.

A previous study by Elkin et al. [7] compared head acceleration data from both rear-end collisions and impacts to the rear of a football helmet using a numerical computer model of the human brain [8].

For the rear-end crash tests, 19 different vehicles were towed rearward into a rigid barrier resulting in collision severities ranging from 9.3 km/h to 17.6 km/h. An instrumented 50th percentile male ATD occupied the driver’s seat and wore a snug lap and shoulder seatbelt for each test.

In contrast, the football helmet impacts were performed using a horizontal linear impactor that struck a football helmet fitted onto a load-sensing 50th percentile male ATD headform. Simulated head impacts were performed at speeds of 19.8 km/h to 33.5 km/h across three different locations on the head: (i) a low rear location with the neck base flexed forward, (ii) a high rear location with the neck base extended rearward, and (iii) an off-centre rear

location with the neck base extended rearward and axially rotated.

Data regarding the motion of the head (i.e., peak linear acceleration, peak angular acceleration, peak angular velocity, etc.) from each of the rear impact crash tests and football helmet impacts were input into a numerical computer model of the brain, which quantified the magnitude



and distribution of the predicted strain in the brain tissue.

Results from the simulated rear-impact collisions demonstrate that the ATD experienced peak linear and angular head accelerations that varied from 12.1 to 42.0 g and 414 to 1,901 rad/s², respectively. The authors reported that the highest brain strain during the rear-impact collisions:

“Occurred in test 3.6, a 15 km/h speed change in a 1998 Toyota Corolla [...] with the head restraint in the down position. This strain (average, 14%; 90th percentile, 22.0% for the whole brain) was accompanied by the highest change in angular velocity (46.1 rad/s) and occurred when the head extended over the top of the head restraint and the occiput struck the top of the head restraint.”

The authors reported that test 3.6 from this study “generated peak brain strains similar to those estimated for a 9.3-m/s [33.5 km/h] football impact, a level that represented the average impact speed for 25 reconstructed concussion in professional football.” However, the peak linear (28.8 g) and angular (1,901 rad/s²) head accelerations measured in test 3.6 were considerably lower than the outputs that resulted from the 33.5 km/h impacts to the rear of a football helmet, which resulted in peak linear head accelerations ranging from 84 to 119 g (i.e., approximately three to four times greater than test 3.6) and 4,718

to 6,036 rad/s² (i.e., approximately two to three times greater than test 3.6), respectively.

For reference, a comparison of the linear and rotational head acceleration traces from case 3.6 and the simulated football head impacts are shown in Figure 6. It is notable that the football head impacts resulted in significantly greater magnitudes of peak linear and rotational head accelerations that were applied over a much shorter duration. It is clear that despite the findings in the study, the head impacts in the two scenarios were not comparable.

Overall, a comparison of the expected accelerations and those associated with concussion indicates that the peak linear and rotational head accelerations typically experienced during low speed rear impact collisions are well below the published threshold levels associated with cases of medically diagnosed concussion.

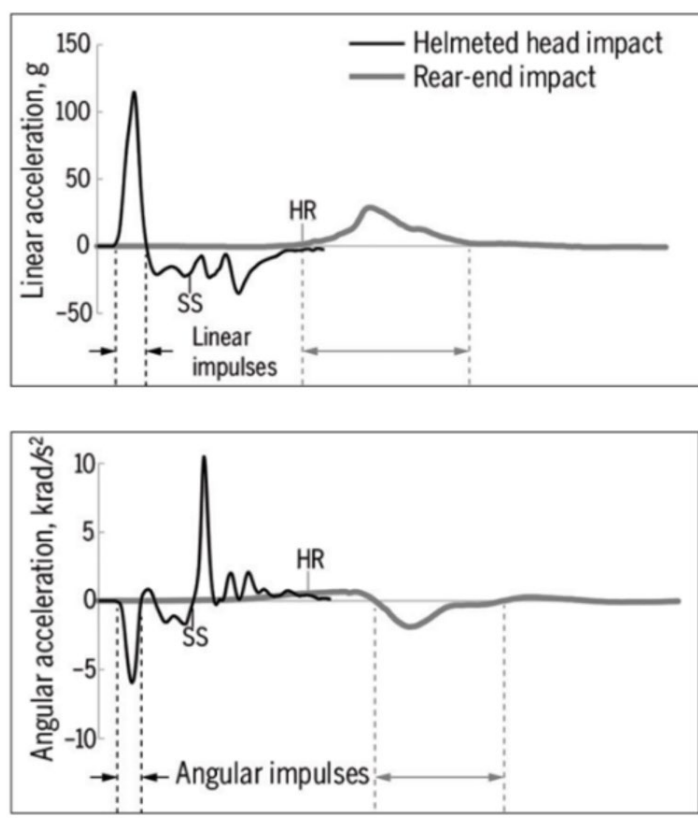


Figure 6: Comparison of the time-varying linear (upper graph) and rotational (lower graph) head accelerations recorded during a simulated rear impact collision severity of 15 km/h (case 3.6; thick gray lines) and an impact to the rear of a football helmet at 33.5 km/h (thin black line). HR represents the time of head restraint contact during the rear impact collision; SS is the point where the football helmet simulation was stopped because of secondary contact. (Reproduced from Elkin et al. [7]).

History of Concussions and Tolerance to Head Impact

Previous research conducted by Guskiewicz et al. [9] has demonstrated that a history of concussions may be associated with an increased risk of future concussive injuries, with those study participants with one diagnosed prior concussion being 40% more likely to sustain a subsequent concussion than those with no concussion history.

However, the published biomechanical data does not allow for a quantitative scaling (if any is required) of the injury tolerance based on this history. It is possible that occupants with a history of concussion are more susceptible due to their history. However, the reduction in their tolerance to head impact would have to be significant (a reduction of more than 70%) for their head contact with the padded headrest to cause a concussion.

Summary

For healthy individuals with no prior history of head injury, the peak head accelerations experienced during low speed rear impact collisions are well below the published threshold associated with concussion.

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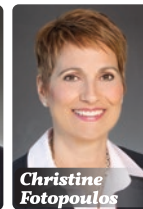
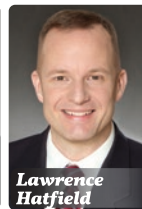


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Dr. Chad Gooyers is the Regional Director of Western Canada at 30 Forensic Engineering, specializing in the biomechanical assessment of injury causation. He has been published in top biomechanics journals and holds academic appointments at leading Canadian Universities. Dr. Gooyers consults with legal and insurance clients across Canada and the United States; he has been qualified in the Ontario Superior of Justice to give Expert Evidence in biomechanics, injury mechanisms, occupant motion and seatbelt and airbag use/ effectiveness.

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ONTARIO, CANADA - WP Radio, the premier insurance adjusters podcast in Ontario, is excited to announce the upcoming season of guests, episodes and interviews for 2023.

The new season will feature a wide range of industry experts, including insurance adjusters, industry leaders, and policy experts, providing valuable insights and information to listeners.

"We are thrilled to bring our listeners a new season of engaging and informative content," said Terry Doherty, host of WP Radio. "We've been doing this for more than half a decade now and we're still just as excited and looking forward to speaking with all of our guests every time we record an episode."

WP Radio will continue rolling out MyKey's series 'Home Away From Home', on the podcast network and will additionally be at all Ontario Insurance Adjusters Association events, recording live with guests, sponsors and other members of the industry.

In 2023, WP Radio has focused on expanding their production of branded content shows, as part of their mission to constantly grow and enhance their roster of episodes.

"We are committed to providing our listeners with the most valuable and up-to-date information in the insurance industry," said Doherty. "The new season of WP Radio will be an essential resource for anyone working in the insurance industry or interested in learning more about it."

Listeners can tune in to the podcast on all major platforms, including Spotify, Apple Podcasts, and Google Podcasts.

For more information on all branded content productions, options for sponsorship, and guest spots on interviews, please contact Kieran Doherty by phone or email.

Kieran Doherty
Executive Producer, WP Radio Podcast Network
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WP radio ads are available, Please contact Terry Doherty at: wpdigital@oiaa.com



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Kyle Case at kyle_case@cooperators.com.

Elections will be held on **December 7, 2023**.

Go to oiaa.com for details.

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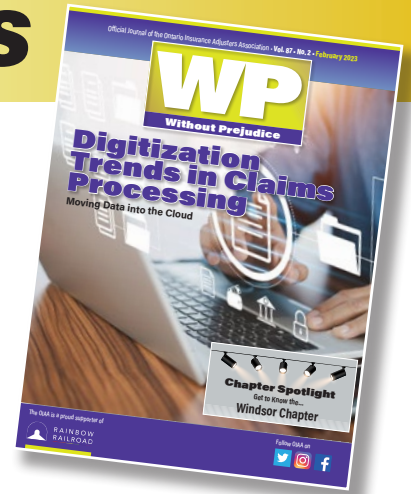
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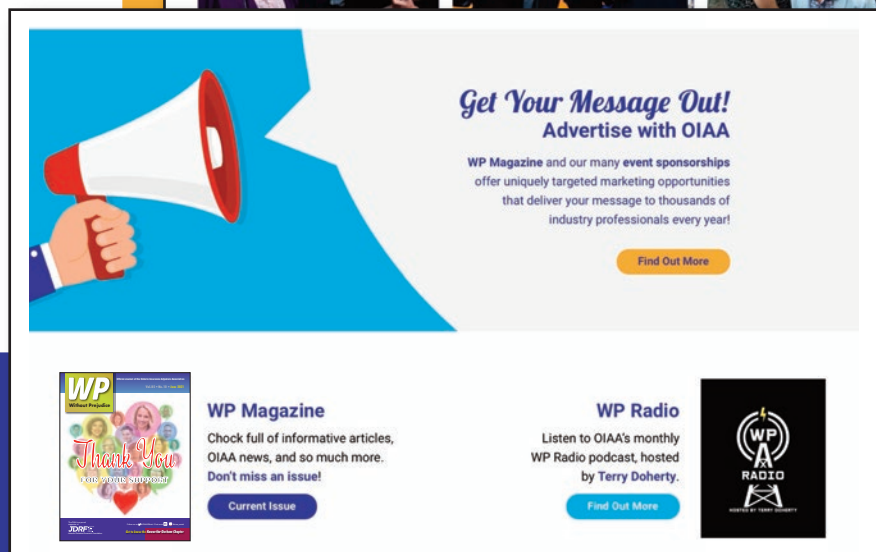
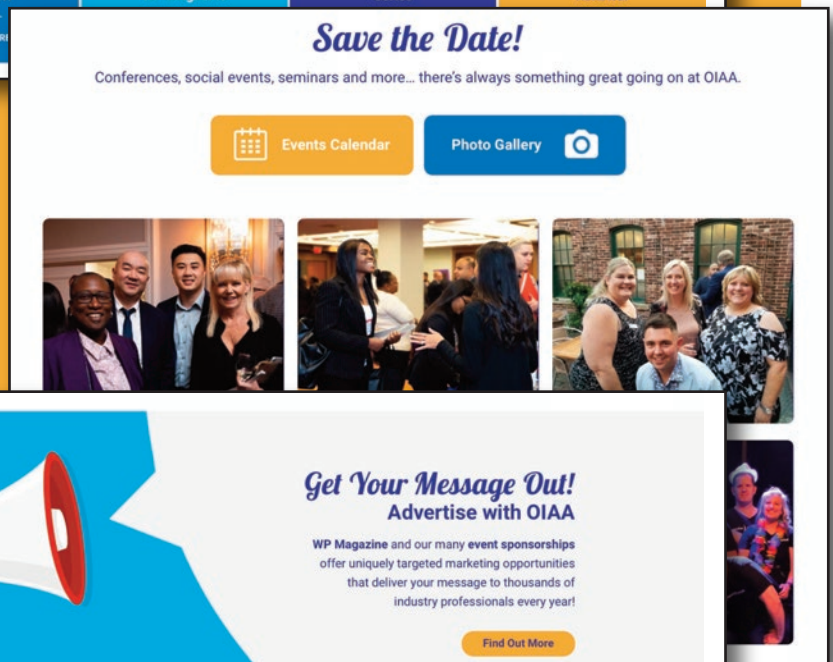
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ADVERTISERS' INDEX

Advertiser	Page Number
Accomsure	2
BDO Canada	12
Brown & Beattie	29
Consolidated Salvage	14
Davis Martindale	37
Global Resolutions	29
Healthy Environmental	25
MDD Forensic Accountants	11
Williams Meaden & Moore Inc.	15
Xpera Risk Mitigation	23

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