

To whom it may concern,

Whiplash Associated Disorders (WAD) is a multi-billion-dollar problem in Canada. It is estimated that auto-insurance companies spend \$4-billion annually to deal with soft-tissue injuries, mainly WAD, which accounts for approximately 80% of claim costs in car accidents, according to the insurance Bureau of Canada<sup>1</sup>. In Ontario, auto-insurers currently spend \$450 million a year on medical rehabilitation benefits for individuals suffering soft-tissue injuries<sup>2</sup>. This figure becomes much more inflated when medical benefits for chronic pain and psychological injury sufferers are taken into account, and income replacement costs and legal fees are calculated. Preliminary data suggest that a novel approach for the treatment (Low Energy Photonic & Laser Therapy, LEPT LEP2000, Drs. Salansky Protocols) and assessment (The Unified Pain & injury Monitoring System) of WAD injuries could save Ontario auto-insurance companies up to \$50 million per annum (-10% of \$450 M) on acute soft tissue management alone. Moreover, experimental cost reduction analyses based on the use of this proposed approach, demonstrate that savings could reach \$100s of millions a year through earlier resolution of claims, shorter medical leaves and decreased financial settlements, all resulting from faster rehabilitation of soft-tissue injuries.

A significant portion of the expenses for soft-tissue injury claims is "related to ineffective treatments" for whiplash injury. Critical issues facing the resolution of WAD claims involve the determination of effective therapies. The study "Quebec Task Force on Whiplash" revealed that most of the conventional therapies used for the management of whiplash injuries were not proven to be effective. The result is a long and costly cycle of failed treatment plans, increased expenditures on medical rehabilitation benefits and exorbitant settlement costs. Active exercise and mobilization as an adjunct modality were the only treatments that were proven to be effective for acute whiplash injury based on the "Quebec Task Force" study<sup>3</sup>.

While many individuals recover from Motor Vehicle Accident (MVA) injury with an active exercise program, others develop chronic pain related to whiplash associated disorder (chronic WAD, >3 months). A recent Cochrane Database review did not reveal any effective therapies or treatment guidelines available for chronic WAD<sup>4</sup>. Moreover, chronic whiplash injuries have been linked to the development of Hbromyalgia<sup>5</sup>, a debilitating disease that could lead to full or partial disability. It appears that active exercise programs are ineffective for individuals with chronic whiplash. Persistent pain is a stumbling block for their recovery, and, in some cases, their pain worsens following exercises.

Encouraging preliminary data suggests that a novel treatment termed Low Energy Photonic & Laser Therapy (LEPT LEP2000, Drs. Salansky Protocols) accompanied by The Unified Pain & injury Monitoring System (UPIMS) assessment are successful in improving recovery from both acute and chronic whiplash injuries. The Sunnybrook & Women's Health Sciences Centre, University of Toronto, is preparing to investigate the efficacy of this promising therapy in a rigorous multi-centre, double-blind comparative clinical trial titled "*Low Energy Photonic Therapy (LEPT) for Expeditious Pain Relief and Function*

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*Restoration in Individuals Afflicted with Acute, Sub-Acute and Chronic Whiplash Associated Disorder*". Through this study we plan to deliver evidence supporting the high efficacy of LEPT for pain relief and functional capability improvement in acute, sub-acute and chronic whiplash associated disorders.

As an essential part of the study, we are planning a rigid cost savings analysis related to our treatment approach. We believe that with the use of LEPT & UPIMS, cost reduction of MVA injuries management can be expected due to:

- Savings on earlier resolution of whiplash injuries, shorter medical leaves, and larger amount of earlier case closures;
- Fewer monetary settlements required due to larger case resolutions and closures;
- Fewer amounts to be paid on average for those cases that require financial settlements due to a lesser degree of disability and chronic pain.

As we prepare to embark on this revolutionary study, we would like to invite you to participate in our research. We will correspond in the near future to coordinate a convenient time for us to meet and present to you a detailed outline of our project.

Sincerely,

*Signature*

Dr. David Berbrayer MD, FRCP(C)  
*Division of Physiatry Head, Principle Investigator*

*Signature*

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<sup>1</sup> Blackwell T. Canadians turn whiplash into epidemic, study finds. National Post. 2005 Feb.11

<sup>2</sup> Insurance Bureau of Canada Statistics. Courtesy of Mrs. Barbara Sulzenko-Laurie, Medical Director, IBC.

<sup>3</sup> Spitzer WO, Skovron ML, Salmi LR, Cassidy DJ, Duranceau J, Suissa S, Zeiss E. Scientific Monograph of the Quebec Task Force on Whiplash-Associated Disorders: Redefining "Whiplash" and its Management. SPINE 1995 Suppl: 20 (8S): 2S-73 S.

<sup>4</sup> Verhagen AP, Scholten-Peeters GG, de Bie RA, Bierma-Zeinstra SM. Conservative treatments for whiplash. : Cochrane Database Syst Rev. 2004;(1):CD003338.

<sup>5</sup> Buskila D, Neumann L. Musculoskeletal injury as a trigger for fibromyalgia/posttraumatic fibromyalgia. Curr Rheumatol Rep 2000 Apr;2(2):104-8

