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## Updates

### BCAK Executive – AGM and Professional Development Day

The BCAK 2014 AGM will take place on May 10, 2014 following a morning of professional development. We recommend that you mark your calendar and take the opportunity to attend the event to be held at Simon Fraser University in Burnaby. This is an opportunity to enhance your knowledge, stay informed and to network with other kinesiologists. Full details will be released in the coming days.

At the AGM, the BCAK will be holding elections to fill five (5) of its eleven (11) director positions. Nominations must be received by **April 8th, 2014**. If there are fewer than five candidates as of April 8th, nominations will be accepted from the floor at the AGM to fill any remaining vacancies. [Download the nomination form here](#) and become an integral part of your association.

### Professional Development

The inaugural offering of the course "Treatment of Common Neck Disorders" occurs on April 5th and 6th 2014. This course was designed to complement and follow up on the BCAK Functional Assessment of the Spine and Extremities (FASE). The course deals specifically with the head and neck and will enable those working in the rehabilitation field to enhance or brush up on their treatment of cervical injuries and disorders. The course is currently at capacity and sold out, however we do plan to offer the course again early in 2015. Thank you to all of those who have registered and we hope you enjoy the course.

### College of Kinesiologists of Ontario (CKO)

We have been informed by the CKO that with the recent regulation of kinesiology in Ontario, a number of changes have been occurring in the work environment for kinesiologists.

- Hospitals in Ontario are now reportedly hiring kinesiologists within their ranks of allied health professionals
- The [Workplace Safety and Insurance Board \(WSIB\)](#), which is the comparable regulatory

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## Kinnected: Spring 2014

### Kinesiology Rehabilitation Reports: A Legal Perspective

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Kinesiologists are frequently requested to prepare treatment or rehabilitation reports on patients in the course of their treatment of a patient. Although the use to which such reports can be used is often varied, the underlying purpose for the preparation of the report should be universal.

The purpose of this brief article is to identify and discuss key components that should always be considered by the report's author if asked to prepare a treatment and rehabilitation report of a patient, whether in a rehabilitation context or in a legal context.

From a legal perspective, one of the key aspects of any treating or medical-legal consulting report is the identification of injuries that are generally considered to be "objective" complaints or symptoms. The essential reason for this requirement is the simple fact that one of the fundamental issues to be determined by the "trier of fact" (i.e.: the Judge or Jury) in a plaintiff's bodily injury claim, is to assess the veracity of the plaintiff's complaints and their corresponding damages claim. Due to the often inherently "subjective" nature of soft tissue injuries (which comprise both a significant majority of the cases that Kinesiologists are called upon to treat and claims that the Courts are called upon to adjudicate upon), this can in some cases be somewhat problematic.

As kinesiologists, you are both formally trained and have the clinical experience to be able to seek and provide an objective assessment of your patients' functional limitations. This ability can be of considerable assistance to those individuals tasked with considering the important issues of access to treatment and treatment funding, as well as ultimately assessing the "validity" of the injured patient's bodily injury claim in a legal context or setting.

To be of any assistance to the "reader" of such reports, there must first be an expectation that the content of the report and views expressed by the author in the report are reliable. Another hallmark requirement of such a report is an expectation that the report is also objective (in the sense of lacking bias) and are based upon an honest and empirical consideration of the clinician's observations, views and opinions.

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It is hard to imagine a treatment report that lacks reliability or objectivity being of any value for any purpose, much less for use in legal proceedings. So the question remains, what can be done to ensure that such reports prepared both meet the essential requirements of reliability and objectivity, and serve as an effective tool to concisely communicate the Kinesiologist's assessment findings and opinions?

A good starting point in ensuring a report's reliability and objectivity is through consideration of objective measures. These measures typically include such matters as: the patient's posture; gait; flexibility / ROM; strength; functional measures and comparing these measured or observed outcomes demonstrated by the patient to age-related norms. In order to support the reliability of such measured or observed outcomes, effort should be taken to ensure such outcomes are well correlated with such things as: maximal effort testing; distraction testing; biometric assessment; observed physiologic changes; distraction testing; repeated testing; non-organic indicators; pain mannerisms; and Waddell's testing. Although some of these matters can be objectively measured, others require the clinical training and experience of the clinician to be implemented.

Often the use of charts, graphs or diagrams can be an effective tool in communicating or demonstrating the patient's performance and functional outcomes. It is also important to be mindful when preparing your reports that the ultimate reader of your report may be completely lacking in technical understanding of the matters discussed in your report. It is for this reason that it is important to define key terms or concepts so the reader of the report has a clear understanding of what it is that you intended to convey. For example, if you are discussing the results of Waddell's testing, it is imperative that you also seek to discuss both the purpose of such testing and the known limitations of such testing. Failing to do so may result in a misunderstanding of the significance of such testing by the reader.

Similarly, if you are utilizing technical terms, concepts, or phraseology, it is important to be sure to define your terms or explain the significance of such findings in the context of the particular patient you are assessing. The lack of such explanation can also result in a misunderstanding of the substance of your report by the different entities that may eventually come into contact with your report.

Just as in the case with your patient treatment progress notes, it is important to be mindful that insurers, case managers, insurance adjusters, claims representatives, lawyers, judges and jury members and other Kinesiology colleagues may all come into contact with your reports. Such reports are often reviewed, interpreted and scrutinized in considerable detail by these different entities. Such review will often serve as support for the consideration of denying, granting, or the extending treatment funding for the patient, amongst other things.

Whether prepared as a standalone progress or treatment report, or as part of a broader multi-disciplinary report, the insight and content of a kinesiologist's report can be of significant assistance to the patient both in the primary context of the patient's rehabilitation, as well as the secondary context of possible legal proceedings.

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