

Dr. Michael Ford - Orthopaedic Surgeon

Maxwell v. Luck, 2014 ONSC 7179 (CanLII)

<https://www.canlii.org/en/on/onsc/doc/2014/2014onsc7179/2014onsc7179.html?searchUrlHash=AAAQATliBEci4gTWljaGFibCBGb3JkIgAAAAAB>

3. Is the impairment serious?

[18] The court heard from the defence expert medical witness, Dr. Michael Ford, a spine and trauma surgeon at Sunnybrook dealing with serious fracture cases. He is still active as a surgeon and does a significant amount of medico-legal assessments. He does not practice in the area of chronic pain but he is experienced in assessing it as an orthopedic surgeon. He categorically dismisses chronic pain complaints unless, as he said, he can see or understand the mechanism causing the complaint. He dismissed Dr. Alpert's opinion as supposition.

[19] Dr. Ford gave this plaintiff a very cursory examination. It was his last appointment of the day. He took Ms. Maxwell's history in ten to fifteen minutes and the physical examination consisted of Dr. Ford watching her walk, do a neck extension and neck rotation. He never palpated her so he could not have found what Dr. Alpert says he found as his own objective findings during his examination. He found that:

- she had a decreased range of motion doing different movements -he saw these as significant and in the 40% to 70% range;
- she had muscle tightness and tenderness to the touch in the cervical area from C2 to C6 - he could feel the tautness and ropiness in the muscles and ligaments there;
- she had tenderness to palpation over the occipital nerves.

[20] These findings were dismissed by Dr. Ford. He saw this case as simple and uncomplicated, where there were no objective mechanisms causing pain, therefore there could be no valid complaint. He understood that she had stopped working because of her pregnancy and that her complaints from the car accident in 2007 had long since resolved.

[21] If he had asked a few questions about these answers, he probably would have learned that she could not do the strenuous dances that success at her job demanded, being very dependent on tips; she could no longer do the one recreational activity she loved, horse-riding, though she did try and was hit in the head once and fell off a second time. Dr. Ford

simply dismissed Ms. Maxwell and wrote a report concluding without even a full examination of the patient, that any complaints she had now must come from her prior or other medical history without any analysis as to what exactly in her past would have caused them but the 2007 collision; all other previous traumas were reported and the treating doctor or chiropractor could see no reason to follow up other than to suggest some rest. I do not accept Dr. Ford's opinion nor do I sense that Dr. Ford has an understanding of the fundamental aspect of those chronic pain cases, which lack objective proof. Nevertheless they are very real to the patient. In finding as I do, I am not to be taken to take away from Dr. Ford as an excellent spinal surgeon who works with serious trauma patients often derived from serious fractures, and displacement and other severe physical trauma. But I question his expertise in the area of chronic pain due to his offhand examination, his failure to test by palpation or to observe a variety of movements, and his very brief approach to her medical history which is by no means a simple one to understand, both orally and through the many records from the treating practitioners.

George v. Landles, 2012 ONSC 6105 (CanLII)

<https://www.canlii.org/en/on/onsc/doc/2012/2012onsc6105/2012onsc6105.html?searchUrlHash=AAAAAQATliBEci4gTWljaGFibCBGb3JkIgAAAAAB>

[12] At the request of the Defendant, the Plaintiff met with an orthopaedic surgeon, Dr. Michael Ford on February 21, 2012. Dr. Ford prepared a report dated February 21, 2012. Dr. Ford opined that the Plaintiff demonstrated all of the hallmarks of a chronic dysvascular limb. He opined that her left ankle and left foot pain are unrelated to the motor vehicle accident and are secondary to Peripheral Vascular Disease. He thought the disease was related to the Plaintiff's long history of smoking.

[13] Significantly, Dr. Ford is the first physician to diagnose vascular disease. In a further note dated October 23, 2012, Dr. Ford advised that the Plaintiff's condition would best be assessed by a vascular surgeon and that she should have Dopplar studies completed beforehand.

[24] The Plaintiff has confirmed, through counsel, that the most significant of her injuries, in terms of general damages, loss of income and future care costs, are the injuries to her lower left leg and foot. Causation remains a live issue. Dr. Ford has opined that the cause of the injuries is vascular disease unconnected to the accident in issue. He is the first physician to render such an opinion.

[25] The cause and extent of the Plaintiff's leg injury is central to this case. Dr. Ford's assessment is certainly plausible. But he is an orthopaedic surgeon. Despite comments by Plaintiff's counsel that Dr. Ford is able to provide evidence about the vascular nature of the impairment, I am not convinced that he is. Ultimately it will be up to the trial judge to determine the scope of Dr. Ford's expertise. Given Dr. Ford's own admission that this issue is best

assessed by a vascular surgeon, I am of the view that this issue is best assessed by a vascular surgeon.

Baines v. Hehar, 2011 ONSC 1842 (CanLII) — 2011-03-23

Superior Court of Justice — Ontario

<https://www.canlii.org/en/on/onsc/#search/type=decision&sort=citationCount&all=%22%20Dr.%20Michael%20Ford%22>

[72] Dr. Michael Ford is an orthopedic spine and trauma surgeon. Dr. Ford saw Ms. Baines for a defence medical examination on 26 April 2007. His findings on assessing range of motion were entirely normal. He described his assessments as involving simple tests but tests that are sensitive to finding of significant pathology. He found no muscle wasting and no significant pathology.

[73] Dr. Ford's opinion was strictly limited to musculoskeletal issues. He said that at best, Ms. Baines might have had some soft tissue injuries resulting from this accident. He added that, invariably, healing follows the initial inflammatory process for such injuries and typically healing occurs within six weeks.

[74] Dr. Ford stated that there does not seem to be any evidence to require the imposition of restrictions on Ms. Baines' normal activities of daily living, work and recreational included.

[75] Dr. Ford stated repeatedly that the pathophysiology of injury and repair requires that pain coming on much later cannot be causally connected to injury from an accident.

[76] Dr. Ford declined Ms. Baines' invitation to agree that soft tissue injury from a motor vehicle accident like the one in question can come back, on and off, throughout a person's life. Absent ligament damage or fractures, which do not apply to Ms. Baines, injuries do not, in his opinion, produce pain coming and going indefinitely.

L.F. and State Farm - Appeal, 2004-06-03, Reg 403/96. <https://www5.fSCO.gov.on.ca/ad>

Relevance 9. FSCO 1775.

I need not decide whether the Insurer's non-compliance precluded its reliance on the report, because I am not persuaded the Arbitrator erred in finding Dr. Hershberg's report unhelpful or in dismissing Dr. Ford's report. I agree with the Arbitrator that the underlying basis for Dr. Ford's opinion that Mr. F needed no "further formal medical rehabilitation" was "**his view that there are no objective determinants for [Mr. F's] subjective report of pain.**" [See note 56 below.] The Arbitrator did not err in concluding that this "cannot be the end of the analysis." [See note 57 below.]

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Note 56: Arbitration decision, p. 60.

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Note 57: A long line of FSCO decisions have affirmed the approach set out in *Quattrocchi and State Farm Mutual Automobile Insurance Company*, (OIC A-006854, September 29, 1997), the case cited by the Arbitrator.
