

Dear Colleague,

I have had difficulty with the online submission form. Hence I am making this submission by email.

1. The Motor Accident Injuries Act 2017 (the Act) incorporates research informed principles that would be expected to assist people injured in motor vehicle crashes to recover effectively. Thus the general thrust of the Act, and its associated regulations, are supported.
2. Based on limited publicly available data there is early and generally appropriate treatment being provided to enhance recovery and return to normal activities, including work.
3. With use and experience it has become clearer that the minor injury definition requires review and updating. There are a number of types of injury that the current minor injury definition leaves open to interpretation. In summary, these are skin injuries with limited scarring, head injuries without evidence of severe brain injury, injuries to teeth, and some psychological injuries.
4. Specific recommendations are to clarify that a minor skin injury is one that is not associated with significant scarring, a minor head injury is one in which there is no objectively documented disturbance level of consciousness, a minor tooth injury is one that does not lead to the loss of a major part (more than 50%) of a tooth. Specific further consultation would be needed about psychological and psychiatric injuries with reference to the minor injury definition.
5. With reference to the current minor injury definition, there are problems with defining what is a “soft tissue injury”. There are many scientific studies that show changes in intervertebral discs and joint capsules and supporting structures occur with aging and are present in many people more than 50 years of age. These changes can be interpreted as representing “injuries” but these changes can occur without a specific injury taking place. This is recognized in the medical literature. As a result, changes to the intervertebral discs associated with aging are now termed annular fissuring, rather than annular “tears”.
6. It is of considerable concern that imaging is being done for the sole reason of establishing whether a non minor soft tissue injury has occurred. These concerns relate to the cost, the inaccuracy of the interpretation of the appearances that may be presented in the report and the effect on the injured person who may believe that an injury has occurred whereas that may not be the case. Imaging for this reason should be strongly discouraged. Any imaging that is requested should be made after careful clinical consideration including whether the imaging will change treatment recommendations.
7. It should be noted that the “DRE II condition” is a spinal permanent impairment evaluation category. This is not a term that is in general use by medical or other health practitioners. Furthermore stability and, therefore a time when permanent impairment can be assessed, occurs at 12 or more months after injury.

Sincerely,

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CRICOS 00026A

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