Profile

Dr. J. David Cassidy BSc, DC, FCCS(C), MSc, PhD
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Dr. Cassidy began his career as a clinical chiropractor, later obtaining a bachelor's degree in anatomy, a master's degree in Orthopaedic Surgery and a doctorate in Anatomical and Experimental Pathology. He has had postgraduate training in epidemiology and biostatistics from Tufts University in Boston, the Johns Hopkins School of Public Health in Baltimore and Erasmus University in Rotterdam.

Currently, Dr. Cassidy is the Director of Research for the Institute for Health and Outcomes Research at the Royal University Hospital in Saskatoon and an Assistant Professor of Physical Medicine and Rehabilitation at the University of Saskatchewan. The Institute for Health and Outcomes Research is a multidisciplinary research institute involved in population-based health research and outcomes studies. This institute is affiliated to the WHO Collaborating Centre for the Study of Neurotrauma at the Karolinska Institute in Stockholm Sweden. Dr. Cassidy is a visiting research professor/epidemiologist in the Section for Personal Injury Prevention at Karolinska Institute

Dr. Cassidy was a member of the Quebec Task Force on Whiplash-Associated Disorders and was the co-ordinating editor of the final report published in 1995 in the journal SPINE. In addition, he has authored over 100 scientific journal papers, government reports and chapters in textbooks. He is a member of several learned societies including the Society for Epidemiological Research, the International Association for the Study of the Lumbar Spine and the Association for the Advancement of Automotive Medicine. From 1992 to 1996 he was the Director of Research for the Division of Orthopaedics in the Department of Surgery at the University of Saskatchewan.

In the past year, Dr. Cassidy's contribution to the literature includes the following published or in press papers:

1. Cassidy JD, Carroll LJ, Côté P. The Saskatchewan Health and Back Pain Survey. The prevalence of low back pain and related disability in Saskatchewan adults. Spine (in press) 1998.
2. Côté P. Cassidy JD, Carroll LJ. The Saskatchewan Health and Back Pain Survey. The prevalence of neck pain and related disability in Saskatchewan adults. Spine (in press) 1998.
3. Côté P, Kreitz BG, Cassidy JD, Dzus AK, Martel L. A study of the diagnostic accuracy and reliability of the scoliometer and Adam's forward bend test. Spine (in press) 1998.

4. Goranson BD, Lang S, Cassidy JD, Dust WN, McKerrell J. A comparison of three regional anaesthesia techniques for outpatient knee arthroplasty. Can J Anaesth 1997; 44:371–376.
5. Côté P, Cassidy JD, Yong-Hing K, Sibley J, Loewy J. Apophysial joint degeneration, disc degeneration, and sagittal curve of the neck: can they be measured reliably on radiographs? Spine 1997;22:1-6.
6. Nygren A, Cassidy JD. Whiplash: an important agenda for the future. In: von Holst H, Nygren A, Thord R: Transportation, Traffic Safety and Health: The New Mobility. Springer, Berlin, 1997, p203-223.
7. Côté P, Cassidy JD. The Epidemiology of Neck Pain. In: Lawrence DJ, Cassidy JD, McGregor M, Meeker WC, Vernon HT (eds) Advances Chiropractic. Vol 4, Mosby, St. Louis, 1997, p1-39.

In the last five years alone, Dr. Cassidy's research funding has included, but is not limited to, the following grants:

- WHO Mild Brain Injury Task Force. WHO, SGI, ICBC, SAAQ, Co-investigator ($2,110,498) 1997–2001.
- An Outcomes Assessment of Treatment and Rehabilitation after Traffic Injuries in Saskatchewan. Saskatchewan Government Insurance, Principle Investigator ($1,499,560) 1997–2001.
- Development of an outcomes project for rehabilitation of traffic injuries in Saskatchewan, Saskatchewan Government Insurance, Principle Investigator ($124,322) 1996–7.
- For research collaboration with the WHO Collaborating Centre for Neurotrauma at Karolinska Institute, Stockholm, Sweden. Saskatchewan Government Insurance, Principle Investigator ($300,000) 1996–9.
- Disability, psychosocial status and health-related quality of life of patients waiting for total joint arthroplasty. Canadian Orthopaedic Foundation, Principle Investigator ($10,000) 1995–6.
- A Population-based, Inception-cohort Study of Traffic Injuries in Saskatchewan: Saskatchewan Government Insurance, Principle Investigator ($1,000,000) 1994–9.
- Saskatchewan Health and Back Pain Survey, Chiropractors' Association of Saskatchewan, Principle Investigator ($75,000) 1994–6.

Mission statement

The mission at the Institute is: (a) to expand scientific knowledge and serve as a centre of research excellence in the areas of health, recovery from illness or injury, and health care outcomes; (b) to disseminate research findings to the scientific community, health care policy makers, health-care providers, and members of the general public; (c) to educate and assist clinicians in improving the quality and cost-effectiveness of patient care based on scientific evidence, and; (d) to provide training in scholarly research and experimental methodology.

The Institute for Health and Outcomes Research is an interdisciplinary research team, based within the Department of Physical Medicine and Rehabilitation, College of Medicine, University of Saskatchewan. The purpose of the Institute is to conduct research in the areas of population health and health care outcomes. The research team is committed to generating quality research conforming to international scientific standards.

The makeup of the Institute includes

Name	*Title*
Dr. JD Cassidy	Research Director/Epidemiologist
Dr. L Carroll	Clinical Health Psychologist
Dr. M Peloso	Clinical Epidemiologist/Rheumatologist
Dr. R Lepnum	Health Policy Analyst/Health Economist
Emma Bartfay	Biostatistician
Dr. A Nygren	Injury Prevention Epidemiologist

Current research projects in progress include:

a) A population-based inception-cohort study of traffic injuries in Saskatchewan. The purpose of this study is to examine the incidence and type of injuries resulting from traffic collisions in Saskatchewan; to examine the demographic, collision-related, medical and psychosocial characteristics of personal injury claimants; to study prognostic factors of recovery from traffic injuries; to study the effect of changing from a "tort" to a "no-fault" insurance system.

b) Saskatchewan Health and Back Pain Survey. The purpose of this study is to establish the prevalence of neck pain, low back pain and depression in the Saskatchewan population; to study the incidence of significant neck and low back pain over a one-year period; to identify the risk factors related to the development of neck pain, low back pain and depression; to compare the disability and psychosocial effects of neck and low back pain; to identify prognostic factors for the development of chronicity and disability from neck and low back pain in the general population; to study the health related quality of life in Saskatchewan residents; to test and validate the Comorbidity Scale.

c) Development of a self-assessed comorbidity scale. The purpose of this research is to develop and validate a newly developed self-report questionnaire for assessing comorbid disease.

d) Disability, psychological status and health-related quality of life in patients waiting for total joint arthroplasty. The purpose of this research is to measure the degree or variability of self-reported pain, disability, psychological status and health-related quality of life in patients on the waiting list for hip or knee replacement.

e) World Health Organisation Collaboration. This grant supports Dr. Cassidy's visiting Professorship in the Section for Personal Injury Prevention at Karolinska Institute in Stockholm Sweden. He is involved in several projects at Karolinska.

f) An outcomes assessment of SGI Rehabilitation Programmes. The purpose of this study is to evaluate the recovery of claimants who receive treatment at the primary, secondary and tertiary level for injuries suffered in motor vehicle accidents; to establish factors at baseline which predict future treatment and successful outcome; to establish the differences between those who receive treatment and those who do not receive treatment in terms of clinical success, economic and lost-time outcomes at follow-up (cost-effectiveness); and to study the differences in outcomes between primary, secondary, and tertiary treatment approaches.

g) Mild Brain Injury Task Force. The purpose of this task force is to survey and synthesize the current scientific knowledge in the area of mild brain injury. This will be done through a "best evidence synthesis", which involves the following steps: 1) a systematic and exhaustive search of the world literature applying a priori rules for the scope of the search; 2) an expert review panel including clinicians and scientific methodologists to assess the quality of the evidence; 3) an independent review process that avoids bias by invoking a priori rules for scientific acceptance and clinical relevance of the study; and 4) recommendations for practical guidelines for the prevention and rehabilitation of mild brain injury that are based on the best available scientific evidence.

In addition to this, there are several graduate student projects in progress and research projects under development.

The Canadian Chiropractic Association gratefully acknowledges the contributions of Dr. Cassidy and the key role he plays in scientific meritorious research. His contributions will give us a better understanding of the health system, health determinants, and health knowledge and in so doing will better prepare us to meet the health challenges facing Canadians.