

3rd March, 2023

PRIVATE AND CONFIDENTIAL

Psychological Report

Prepared for

SA HEALTH
PO Box 287
RUNDLE MALL SA 5000

by

Simon Pearson
Psychologist, Physiotherapist
M. Psych (Sport & Ex), B. Physio

Name: Muris BORIC
Date of Birth: 11/11/1985, aged 36 years
Date of Injury: 1 November 2021

Statement of Qualifications/Expertise:

Qualifications	Masters Psychology (Sport & Exercise) Bachelor Physiotherapy
Experience	10 years' experience in physiotherapy, including extensive experience treating RTWSA clients and pain-science informed treatment Two years clinical experience as psychologist, including RTWSA clients and clients managing physical injuries/symptoms and their association with mental health

Basis of Assessment/Opinion:

This assessment is based on clinical assessment with the client over four appointments, in addition to reference to clinical notes from Will Tierney (psychologist) clinical assessment over four appointments. Psychological support has been between the end November, 2022 up until now. Furthermore, reports were read by Dr Leo Mahar (29.6.22, Consultant Cardiologist) and Dr Sujith Chacko on the 8th June, 2022.

In answer to your specific questions:

1) The history and symptoms of the conditions(s) as described by Mr Boric.

Please note my history obtained was consistent with the previous report prepared by Dr Leo Mahar. Key history and symptoms reported by Muris included:

- Muris had a mandated Moderna COVID vaccine in November, 2021. Muris reported that prior to this vaccination he was experiencing high levels of anxiety associated with this and did not want to have it, stating that he felt unsafe.
- Muris stated that as soon as he had the vaccine he didn't feel right and his body felt inflamed.
- Muris stated consulted his trusted GP (Dr Kaur), who he had worked with since 2015 from a preventative perspective to manage his health. Muris stated that he was told that he had developed pericarditis associated with the vaccine.
- Muris stated that shortly after low level exercise was bringing on chest pains, burning and stabbing sensations, and palpitations.
- Muris had been started on natural vitamins (Vitamin C intravenously) and anti-inflammatory medication by his GP. Muris reported that this was helping until an unexpected worsening of symptoms in January. Muris reported that he didn't feel well in the chest, was having trouble swallowing, eating and sleeping. This resulted in

- Muris calling an ambulance and he attended the Lyell McEwin Hospital Emergency Department on 17 January 2022.
- Muris was told at hospital that he had pericarditis on ECG.
- Muris stated that he has had reviews with cardiologists that have ruled out anything wrong, including an independent medical review by Dr Mahar, which he does not agree with.
- Muris described how he reduced his work from full-time to three days/week, and that he has a lot of anger towards his employer for what they have put him through.

2) Does Mr Boric present with a diagnosable psychiatric condition? If so, what is your diagnosis? Please explain how you reached this conclusion (mental state examination, testing, etc.)

Based on clinical assessment, in addition to considering previous medical evidence, Muris meets criteria for Somatic Symptom Disorder. The main characteristic of Somatic Symptom Disorder is when a person has a significant focus on physical symptoms (e.g., pain, weakness, shortness of breath) with their physical symptoms causing significant distress and problems functioning. Based on the *DSM-5* criteria, a diagnosis of Somatic Symptom Disorder is made when:

- *One or more physical symptoms that are distressing or cause disruption in daily life*
- *Excessive thoughts, feelings or behaviors related to the physical symptoms or health concerns with at least one of the following:*
 - *Ongoing thoughts that are out of proportion with the seriousness of symptoms*
 - *Ongoing high level of anxiety about health or symptoms*
 - *Excessive time and energy spent on the symptoms or health concerns*
- *At least one symptom is constantly present, although there may be different symptoms and symptoms may come and go*

Muris meets criteria for all of the above. It is important to note that a person is not diagnosed with Somatic Symptom Disorder solely because a medical cause can't be identified for their physical symptom. The emphasis is on the **extent to which their thoughts, feelings and behaviors related to their symptoms/medical illness are excessive or out of proportion.**

From my clinical assessment factors that support a Somatic Symptom Disorder diagnosis include:

- Since Muris had the COVID vaccine in November, 2021 Muris has reported that it has caused him both significant distress and problems functioning, including being unable to complete activities of daily living such as low level exercise. Muris stated that since his initial vaccine he has been spending all day at home. I also note that Muris was experiencing high levels of anxiety prior to the vaccination, which would seem out of proportion to the associated risks of having the vaccine.

- A significant focus on physical symptoms, including appointments with Muris involving significant focus and conversations centred on his physical symptoms, and his belief that there is an undiagnosed medical issue.
- These challenges for Muris present as a significant barrier to Muris being able to live a meaningful and valued-based life, including preventing Muris from engaging in basic activities of daily living such as shopping, attending appointments and leaving the house. Muris has stated that “there are a lot of things that I want to be able to do but can’t”. Muris is currently tolerating only 1000-1500 steps/day, and stated that if he walks >2,000 steps/day this results in increased burning symptoms in his chest. This current functional level that Muris is tolerating is extremely low and will likely be having negative effects on Muris’s overall physical and mental health.
- Muris has described his daily routine as involving spending a small amount of time outside to get some vitamin D, taking his supplements of anti-virals and anti-inflammatories prescribed by his GP & naturopath to target his physical symptoms, doing work at his computer, drinking a healthy juice prepared by his wife, and spending time with his family at home who he lives with.
- Muris has described how his current illness is resulting in both himself, but also his family, to focus a significant amount of their time thinking and focusing on his injury.
- Muris reports that he is of the belief that he requires more support than he is receiving, and that he finds it hard to understand how he can be supported to see a psychologist, an exercise physiologist and numerous Doctor’s, however he is not able to be sent to a Doctor that has the knowledge that is required to manage the medical condition that he thinks he has. Muris stated that he “has been trying everything” and that he “knows something is happening in my body”.
- Somatic symptom disorder usually begins by age 30, with Muris 34 years of age.
- Previous medical testing to date that has been extensive and focused on the areas of concern for Muris, has resulted in ruling out any serious concerns for his physical health. A summary of these tests includes:
 - Dr Sujith Chacko (Cardiologist – Interventional), 8.6.22, Windsor Heart & Specialist Centre. Muris was discharged by Dr Chacko following doing well on extensive testing, which included a clinical assessment, ECG, and stress echo. These tests were used to rule out any signs of inducible myocardial ischemia.
 - 29.6.22, Dr Leo J Mahar (Consultant Cardiologist), who prepared an extensive Medical Report summarising extensive testing that found no signs of present or past pericarditis or myocarditis.

3) Is Mr Boric’s injury an aggravation, acceleration, exacerbation, deterioration or recurrence of a prior injury? Please explain your answer.

Mr Muris reports that prior to his vaccine his health was good.

Based on Muris currently meeting criteria for Somatic Symptom Disorder and understanding that this illness usually starts around 30 years of age, it is possible that Muris physical and mental health prior to his vaccination was a predisposing factor that has contributed to this injury. Muris’s reported high levels of anxiety prior to receiving the vaccination would support this point.

4) What was the date of onset of the injury?

The injury presents as having started when Muris had his first COVID vaccine.

5) What factors and/or incidents have contributed to Mr Boric's current condition and to what extent has each factor and/or incident contributed? Please include all work and non-work-related factors and/or incidents.

Factors that present as potentially contributing include:

- The vaccination has been the start of physical symptoms experienced by Muris.
- Based on previous report by Dr Mahar, which summarised the history of physical assessment testing for Muris's clinical presentation, the initial diagnoses of pericarditis were made with reportedly minimal supporting medical evidence. Considering this within the context of Muris's underlying high anxiety associated with having the COVID vaccine, and a presentation consistent with Somatic Symptom Disorder, this has potentially exacerbated Muris focus on his physical symptoms and persistent strong focus on him having an undiagnosed medical issue.
- Muris frustration towards his employer based on being mandated to receive the vaccine is potentially contributing to Muris's poor psychological and physical state.

6) What do you see as the most significant issues in the presentation of Mr Boric currently?

Muris's poor physical and psychological health (described in previous questions), which is resulting in significant effects to his ability to work and engage in daily activities.

7) What is the nature and extent of any treatment or therapy required, and result of such treatment to date?

In my clinical opinion, treatment should involve supporting Muris to work with trusted health care providers, in conjunction with psychological support involving pain-science informed education to help Muris understand his physical symptoms from less of a threat-based perspective, and help him work towards increasing his physical activity and improving his quality of life. Currently, Muris's most trusted health care providers appear to be his GP and his naturopath.

These recommendations also align with recommendations towards the treatment of Somatic Symptom Disorder, involving health care professionals (e.g., GP, psychologist) offering support and reassurance, monitoring physical health and symptoms and avoiding unnecessary tests and treatments.

To date, psychological support from myself has focused on understanding Muris's current situation and building rapport. Future treatment aims to focus on building trust with Muris's

GP and working towards helping Muris to improve his psychological health and increase his physical activity.

8) In your opinion, what is the expected timeframe for resolution of the reported injury and symptomology. (Please also discuss this point in comparison to that of the broader community)?

This is difficult to predict. Based on limited progress since November, 2021, and current high disability, my prognosis is currently guarded.

9) Do you consider there is any psychological impediment to Mr Boric increasing his capacity for work?

Yes. There are clear significant psychological barriers to Muris increasing his work capacity currently, including:

- His current strong focus on his physical symptoms and perceived undiagnosed medical illness, resulting in high levels of psychological distress.
- Muris has stated that he does not feel ready to increase his work hours until his physical health is feeling better.

10) What is the workers mindset regarding his current condition and fitness for work?

Muris currently holds a strong belief that he is suffering from an undiagnosed medical issue. This belief is account strong contributing factor to the clients behaviour, including spending significant amounts of time researching treatment options for his perceived undiagnosed medical condition. Due to Muris' current mindset surrounding his perceived undiagnosed medical condition, it is impacting his ability to feel ready to increase his work capacity. Muris has indicated that he plans to increase his work capacity when he feels better.

11) What is your prognosis in both the short and long term?

I believe prognosis, based on current clinical assessment, is poor. A characteristic of Somatic Symptom Disorder is that people can find it hard to accept that their concerns about their symptoms are excessive, and Muris currently presents like this, despite medical testing to date showing evidence that he does not have a serious condition, particularly that would explain his current functional and psychological limitations.

12) Any other information you feel is relevant?

No

I advise that I have prepared this report in accordance with the South Australian Employment Tribunal Rules, PART 14 – Expert Evidence, Rule 66 ‘Content of expert reports’ which came into effect on 3 February 2022.

I acknowledge that I have read the Expert Witness Code of Conduct and agree to be bound by it.

The contents of this report are true to the best of my knowledge and belief.

Please do not hesitate to contact me if I can be of any further assistance.

Kind regards,

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