

CRANIOCERVICAL INSTABILITY ACCESS TO CARE: IMAGING AND CLINICAL GUIDELINES FOR CARE AND SURGICAL INTERVENTIONS (2025)

To the Legislative Assembly of Ontario:

Whereas the Canadian Health Act requires provinces to fund medically necessary treatments;

Whereas an increasing number of Ontario patients with the diagnosis of Craniocervical instability (hereafter referred to as CCI); are required to seek out-of-country medical care and imaging at their own expense as a result of Ontario doctors not being provided tools to identify, diagnose and direct treatment for CCI;

Whereas identification of total case numbers of CCI cannot be accurately reported due to lack of medical training and lack of imaging with cervical measurements necessary for diagnosis;

Whereas the past decade has shown increasing evidence of craniocervical issues associated with different diagnostic groups—including motor vehicle accident, sports injury, Ehlers Danlos syndrome, Myalgic encelphalomyelitis, Long Covid, Fibromyalgia, Rheumatoid Arthritis, etc.—thus, the number of patients continues to grow rapidly;

Whereas left untreated, CCI results in documented adverse morphological changes to the brainstem and spinal cord and increased loss of mobility, as reported by patients;

Whereas most patients remain bed-bound with no hope of medical guidance, many victims are not receiving care, continue to deteriorate and often seek Medical Assistance in Dying (MAID) and death as a consequence of no care;

Whereas the Ontario Ministry of Health claims neurosurgical care exists, patients are consistently reporting being denied access to care, and being left with no guidance for treatment plans from their physician.

We the undersigned petition the Legislative Assembly of Ontario as follows:

- Ministry of Health provide funding for 3 neurosurgeons in Ontario
- Ministry of Health provide 2 imaging centres of Excellence including upright MRI
- Work with provinces to develop Canadian consensus guidelines for Craniocervical instability (CCI) and Craniocervical Junction Syndrome (hereafter referred to as CCJS).
- Develop clinical guidelines to provide direction to patients for interim care during assessment process including contraindications
- Ministry of Health direct training in medical schools and Radiologists association
- Creation of an OHIP diagnostic code for CCI and CCJS.
- Ministry of Health build a provide a designated Neuro team, trained and participating as part of the global neurosurgical committee for proper patient aftercare and longitudinal studies.
- Ministry of Health recommend Ontario Medical Association add Craniocervical training to the medical curriculum to ensure newly graduated, medical doctors have an increased understanding of the interface of craniocervical issues to body systems.
- Recommend a CME credit for craniocervical training for medical doctors.

#CClpatientsunite

Name (printed)	Address (printed)	Signature	Email

Please return petitions (mailed or drop off) with original signatures to:

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