Whiplash

After being in a car accident more than 85 per cent of people experience neck pain and often it’s combined with sprains and strains to the back, arms, legs, headaches, psychological difficulties, and even mild traumatic brain injury. The broad, generally accepted term for this type of injury is called whiplash.

Whiplash is defined as an injury to the neck that occurs with a sudden acceleration or deceleration of the head and neck relative to other parts of the body. More simply put, whiplash happens when the head is quickly flung forward or backwards.

A whiplash injury can dramatically disrupt the daily lives of the people who suffer from it. It is associated with considerable pain, disability, and costs related to treatment plus lost time from work. The majority of adults with whiplash report pain in the neck and upper arms that can also include: headache, stiffness, shoulder pain, back pain, numbness, dizziness, sleeping difficulties, fatigue, and impaired mental function, all of which can end up having a negative effect on almost every aspect of one’s life.

What can result is depression, frustration, and difficulty in doing so many of your normal and everyday tasks. There are treatments for whiplash, which I’ll discuss below, but even though the median expected time-frame for recovery is approximately 100 days, unfortunately, about 23 per cent of people report that they are not fully recovered after one year.

Four categories of whiplash

There are four main categories of whiplash, graded one to four. A grade one whiplash involves primarily neck pain, but there is no significant loss of mobility, no significant tenderness, or other obvious abnormal findings. A grade one whiplash is mild. In my experience, most people who experience a grade one whiplash don’t seek treatment because it resolves on its own.

A grade two whiplash involves neck pain and usually several additional symptoms mentioned above. There are abnormal findings such as loss of mobility and significant muscle tenderness. This type of whiplash usually has a significant impact on one’s life. It is also the most common type of whiplash injury that results from a car accident.

A grade three whiplash involves all of the characteristics that are found in a grade two, plus neurological injury, such as numbness or tingling, weakness, or pins and needles that usually travel down into the arms and often to the hands.
Finally, a grade four whiplash involves neck pain with a fracture or dislocation. These types of whiplash injuries are usually discovered in emergency rooms and sometimes in chiropractic offices when x-rays are taken. Thankfully, grade four whiplash injuries are not very common. Most people don’t break their neck, but do experience significant pain and problems.

Treatment options

So what is the best treatment for someone who has a grade one to three whiplash? This question can now be easily answered because in 2016 a major scientific paper was published, titled *The Treatment of Neck Pain- Associated Disorders and Whiplash-Associated Disorders: A Clinical Practice Guideline.*

A clinical practice guideline is a document that collects all of the best available scientific evidence on a particular topic and then gives doctors and clinicians recommendations on how to best treat their patients. This clinical practice guideline looked at patients with neck pain and whiplash, grades one to three. The target audiences of this guideline are chiropractors and other primary care health care providers delivering treatment to patients with whiplash.

Here is what the guidelines say. For adult patients with a recent (zero to three months) grade one, two, or three whiplash injury, “multimodal care” is recommended over just providing patient education alone.

Essentially, “multimodal” means “many things” such as manual therapy (joint mobilization and other soft tissue/ massage-like treatments); patient education on the type of injury that occurred; advice on ways to cope with pain and speed up recovery; advice on how to manage everyday activities; advice on ways to stay active or modify activity as needed; instructions on self-care, such as what home-based exercises to do and how often to use hot and cold packs.

Dealing with persistent symptoms

There are many things that injured patients can do for themselves, daily, or even multiple times per day to speed up their recovery. Not all these things have to be done in the clinician’s clinic. In fact, many can be done more often, and more cheaply, in the patient’s home.

For patients with persistent symptoms (lasting longer than three months) from a grade one or two whiplash, the same types of advice that I mentioned above still apply, and supervised exercises or instructions on how to best strengthen the neck at home is recommended. This is based upon patient preference and what resources are available.

In other words, a clinician can instruct a patient on specific exercises that can be done at home, and a variety of other homecare procedures such as the application of heat, modifying some daily activities, and continuing to educate the patient on how to best manage this condition,
themselves. Or, if a patient prefers, and there are financial resources available, then supervised exercises in a clinic are also an option for patients who suffer from whiplash symptoms for longer than three months.

The guideline also recommended that treatment decisions be based on patient preference and practitioner experience. In Nova Scotia, we are fortunate. If you are injured in a car accident the car insurance company will pay for an evaluation of your injuries by a physician, chiropractor, or physiotherapist. Treatment can also include massage therapy and occupational therapy.

So if you suffer from a whiplash injury, make sure that you receive treatment that is based on current scientific evidence. Advice alone, or just taking medication, is not consistent with current evidence based treatment recommendations. A multimodal approach including manual therapy and advice about self-management and exercise is usually an effective treatment strategy for recent-onset and persistent whiplash injuries.

Your clinician should be regularly monitoring your progress and making sure that your pain is diminishing and your disabilities are subsiding in order for treatment to continue. If you’re not getting better, remember, physiotherapists and chiropractors both treat whiplash. Sometimes patients prefer one more than the other, and sometimes patients get better with one type of treatment faster than other types. Because the last thing anyone wants is to be part of the 23 per cent of patients who still aren’t recovered a year after their injury.

*This column is not intended to provide medical diagnosis or treatment. If you have a back condition, see a licensed and regulated health care professional for proper diagnosis and treatment options. Dr. Ian Culbert is a Doctor of Chiropractic and CCGI Best Practice Collaborator who practices in Bridgewater, NS.*