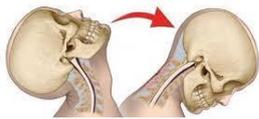


FACT SHEET

WHIPLASH

Whiplash is defined as “an acceleration-deceleration mechanism of energy transfer to the neck.” In more simple terms, it is when your neck moves suddenly in one direction and then back quickly. The most common cause is a **motor vehicle accident** (MVA) but there are other injury mechanisms as well. For example, diving into unexpectedly shallow water or a heavy collision at football.



SIGNS & SYMPTOMS

There are a **wide range** of signs and symptoms which can occur with whiplash injuries. The most common is **neck pain** but other symptoms can include **headaches, aching** in the **shoulders** and **arms, dizziness** or feeling **light headed**.



RECOVERY PROCESS

Most people recover within a 12 week period, however, others will take several months. Everyone's recovery is **different** and effected by many, **varied factors**. A severity grading classification has been established to assist management and the early identification of those most at risk for a prolonged recovery.

WHIPLASH CLASSIFICATION

Grade I – Complaint of neck pain, stiffness or tenderness only. No reduction to range of motion or significant point tenderness.

Grade II – Neck complaint as for Grade I in addition to reduced range of motion and point tenderness.

Grade III – Neck complaint as for Grade I and II in addition to decreased or absent tendon reflexes, weakness and sensory deficits.

Grade IV – Neck complaint as for Grade I, II and III and Fracture or dislocation

DO I NEED AN X-RAY ?



The **Canadian C-Spine Rule** is used to determine if an X-RAY is required. Generally, if you are **over 65**, have **paraesthesia** in the extremities or have been involved in a **dangerous injury mechanism** (eg a fall from elevation, an MVA at greater than 100 km/hr, a rollover or ejection, a bicycle or motorised recreational vehicle crash, or an axial load to the head) you will need an X-RAY. If you don't have these risk factors AND can actively rotate your head 45 degrees to the left and right, you will probably not require radiography.

OTHER ASSESSMENT TOOLS

Soon after injury, it is recommended that you complete the **Visual Analogue Scale (VAS)** and the **Neck Disability Index (NDI)**. These are assessment tools which can be used to reliably determine the level and rate of recovery. On initial assessment, scores **over 5/10** on the VAS and **over 15/50** on the NDI should be seen as significant. People with scores of this level will likely need more supervision and a more structured treatment program. The presence of **significantly reduced range of motion** and **cold hyperalgesia** at initial assessment have also been shown to be predictors of a more difficult recovery. Other factors which have previously been believed to be predictive of recovery levels, are now not considered to be relevant. Some examples are gender, awareness of impending collision, position in vehicle and pre-injury general health status.

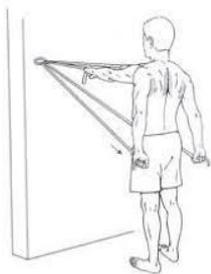
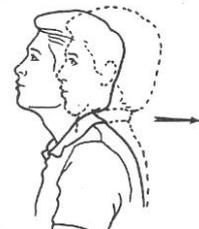
Those people who exhibit signs of **posttraumatic stress (PTS)** and slower than anticipated recovery at the 3-6 week mark, should also complete the **Impact of Events Scale (IES)**. This can more clearly identify the level of influence that psychological factors may be playing in the recovery process. A benchmark score of **greater than 25** can be used to identify those who may benefit from more specific psychological intervention.

RECOMMENDED TREATMENT IN THE FIRST 12 WEEKS

It is important to **stay active** and do as many normal tasks as possible. However, pain should not be disregarded and **activity pacing** will often be necessary. Initially, the use of paracetamol or NSAIDS may be considered by your GP.

Maintaining a **positive attitude** and being confident of a good recovery is important to achieving an optimal outcome.

Commencing an **exercise program** has been proven to be of significant benefit. The program should include – active range of motion exercises, isometric strengthening and deep neck flexor/ postural muscle strengthening.



Other treatment modalities could include massage, joint mobilizations, taping and heat packs. Posture advice, guidance on workloads and activity pacing may also be added.

If posttraumatic stress symptoms are a significant problem after 6 weeks, psychological intervention may be required.

Specific reassessment should be undertaken at **7 days, 3 weeks, 6 weeks and 12 weeks** (unless resolution has occurred). These should include repeat **VAS** and **NDI** testing in addition to **IES** screening when appropriate. A 10% reduction to these scores is considered to be a valid, measurable improvement.

When symptoms are not improving after 12 weeks, treatment is most effective when coordinated and multidisciplinary.

If you should have any questions regarding this or any other similar injuries, please contact us on 9585 8392 or oatleyphysiotherapy@bigpond.com.

If you would like to go onto our electronic mailing list to periodically receive further fact sheets, please let us know.



AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION
Member