



## WHIPLASH UPDATE

By Dan J. Murphy, DC, DABCO

The following studies regarding whiplash injury have significant application to clinical chiropractic.

### Whiplash: Fact or Fiction?

*The American Journal of Orthopedics*  
January 2005

Jeff S. Silber, MD, Victor M. Hayes, MD, Jason Lipetz, MD, and Alexander R. Vaccaro, MD

#### SUMMARY FROM AUTHORS:

"Whiplash injuries or WADs are true pathologic entities associated with significant morbidity." **[This is important because it indicates that the complaints are not biosocial, they are organic].**

"Often, patients with whiplash symptoms have no objective findings and negative radiographic studies." **[Important]**

"Although symptoms resolve spontaneously in most cases, one third of patients develop chronic complaints." **[Important]**

"Short-term immobilization followed by active physical therapy with a return to normal daily activities seems to be paramount for quicker resolution of symptoms."

Surgery is rarely indicated in treating WAD patients. Surgery is reserved for ligament instability, worsening cervical deformity with increasing neck pain, and worsening neurologic complaints.

#### KEY POINTS FROM DAN MURPHY

1. Rear-end motor vehicle whiplash injuries "present a significant risk for permanent disability."
2. At least one third of rear-end motor vehicle whiplash injured patients do not resolve in six weeks and complain of chronic neck/arm symptoms.
3. About 15 million Americans currently have chronic whiplash symptoms.
4. 85% of all compensated litigation claims are associated with whiplash-type injuries from motor vehicle accidents, and insurance companies pay out \$29 billion a year for claims associated with these accidents.
5. Visual and auditory disturbances after whiplash may result from brain injury.
6. It is common for whiplash symptoms to be mild initially but then intensify within 48 to 72 hours.

#### 7. NOTE THESE FOUR QUOTES:

- A. "Any rotation of the head or neck at the time of impact increases the forces imparted to the cervical facet joints and capsular structures, which are believed to be the source of neck pain."
  - B. "Rotation of the head (pretorque) and neck position at time of impact increases the force imparted to cervical anatomical structures, especially the cervical facet joints and capsular structures."
  - C. "Just before a rear-end collision, drivers often rotate the head to look into the rearview mirror." This increases facet capsule strain leading to injury.
  - D. "Many patients with chronic neck symptoms reported having the head rotated at time of impact (before the collision), and such rotation creates pretorque to the facet joints," and increased facet capsular strain.
8. X-rays after whiplash injury are usually normal except for loss of lordosis and/or anterior widening of the prevertebral soft-tissue space.
  9. Whiplash can cause ligament injury or herniated nucleus pulposus.
  10. Flexion/extension lateral x-rays are used to rule out instability.
  11. Headrests decrease injury by 10%.
  12. Whiplash injuries have doubled since mandatory seat-belt laws were introduced because seat belts act as a fulcrum increasing injury

to the neck.

13. The cervical facet joints are particularly vulnerable to injury during a whiplash event, yet the injuries are rarely seen on x-rays.
14. Each of the Quebec Task Force grades on whiplash has a requirement for more treatment and a worse prognosis for recovery.

The most important distinction between Grade II to Grade III is to objectively document extremity muscle weakness. **[One of the reasons I like the Myologic Diagnostic System ([www.myologic.com](http://www.myologic.com)) is because it objectively documents reduction of range of motion and muscle weakness using the 5th edition of the AMA Impairment Guides, which appropriately places them in category Grade III, this requires more treatment and has a worse prognosis for complete recovery.]**

15. The Quebec Task Force grades on whiplash "is beneficial mainly for prognosis in emergency department settings."
16. Cervical spine degenerative changes result in a poor prognosis for recovery.
17. Whiplash injured patients are 3 times more likely to suffer from chronic neck and/or shoulder pain 7 years after an accident than are normal controls.
18. 97% of patients who were injured in a whiplash accident and became pain free develop symptoms again when exposed to a second whip-

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