

Take a painkiller such as paracetamol and an anti-inflammatory painkiller such as ibuprofen, which will reduce both pain and reduce swelling. Always follow the instructions supplied with this medication first or ask your pharmacist for advice if you have any other conditions or if you are taking any other medication.

WHAT ELSE SHOULD I KNOW?

You might be offered a number of interventions if you have persisting pain and seek alternative therapy. Be aware that most Whiplash gets better anyway and that most therapeutic interventions currently used have not been scientifically validated in a rigorous manner. Unproven treatments include cervical pillows, acupuncture, spray and stretch, TENS, ultrasound, laser, heat, ice, massage, muscle relaxants and psychosocial interventions.

Some treatments have been evaluated in a rigorous manner but show little or no evidence of efficacy for example the use of soft cervical collars, corticosteroid injections and pulsed electromagnetic treatment. The use of soft cervical collars beyond the first 72 hours probably prolongs disability in WAD.

Interventions that are of significant use are those that promote activity such as mobilisation, manipulation and in exercises. A combination with analgesics or non-steroidal anti-inflammatory agents are effective for short durations.

If you have any other questions please do not hesitate to ask your Orthopaedic and Trauma surgeon.



Whiplash

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Sport and Orthopaedic Clinic Limited
BUPA Hospital Bristol
3 Redland Hill
Bristol, BS6 6UT
UK
Phone 0044 (0)117 3171796
Fax 0044 (0)117 973 8678

WHIPLASH

Whiplash is the syndrome of pain stiffness and loss of range of movement following a deceleration injury to the cervical spine. The syndrome follows the sprain and strain to the many muscles and ligaments in the neck when sudden acceleration and then deceleration of the head occurs. A sprain is an injury to a ligament. A strain is an injury to a tendon usually at the musculotendinous junction. In the more severe injury fracture of bone can occur. The impact may result in bony or soft-tissue injuries (whiplash injury), which in turn may lead to a variety of clinical manifestations (Whiplash - Associated Disorders -WAD) Whiplash is often confused with the intermittent symptoms of pain, stiffness and loss of range of movement that accompanies the ubiquitous process of cervical spondylosis (wear and tear) that occurs in the aging spine. There are 4 recognised grades of whiplash according to The Quebec Whiplash-Associated Disorders Cohort Study. Spine. 1995;20(8S):12-73.

Grade 1: Complaints of neck pain, stiffness or tenderness only but no physical signs are noted by the examining physician.

Grade 2: Neck complaints and the examining physician finds decreased range of motion and point tenderness in the neck.

Grade 3: Decreased range of motion plus neurological signs such as decreased deep tendon reflexes, weakness, insomnia and sensory deficits.

Grade 4: Neck complaints and fracture or dislocation, or injury to the spinal cord.

HOW DO I KNOW IF I HAVE WHIPLASH?

The Orthopaedic and Trauma surgeon you see following your accident will ask about symptoms that occurred following your accident and how long each lasted. You may be asked about pain or aching to the neck and back. This is rapidly followed by stiffness. Nerve root involvement means there may be referred pain to the shoulders and sensory symptoms (such as pins and needles, numbness or weakness) to the arms or legs. Headache is a common symptom. Low back pain can occur Symptoms are most common directly after the crash, but can be first experienced up to 4 days after injury.

Your neck will be examined for tenderness. You will be asked to demonstrate the range of movement in your neck and your peripheral nervous system will be checked for nerve injury.

Your surgeon may recommend a number of investigations like an X-ray, MRI scan or nerve conduction studies depending on their findings.

CAN IT BE PREVENTED?

Head restraints on car seats can reduce the grade of injury. We have seen some like the active head restraints supplied in luxury cars prevent neck injury altogether in severe rear end shunts. However, up to 75% of head restraints are not correctly adjusted.



AM I GOING TO GET BETTER?

The outlook is good in most cases. Usually symptoms begin to improve after a few days. In about 60% of patients, the symptoms are much better or gone within 1-4 weeks. In a further 15% however, it is not unusual to take a few months for symptoms to go completely. In about 25% of cases there is still some pain or stiffness after six months. In a small number of cases, some stiffness or pain may come and go for a long time after the injury. This is rare and should be differentiated from normal cervical spondylosis.

WHAT ABOUT TREATMENT?

Whiplash is treated by managing the pain and stiffness and by encouraging early healing and remodelling of the injured ligaments.

Rest your neck for no more than 24 hours. Ligaments muscles and nerves respond best to movement. Therefore, as the pain eases, try to exercise your neck as much as possible. Gradually try to increase the range of neck movements and continue with normal activities where you can. Depending on the Grade of injury you might need advice about rehabilitation from a physiotherapist, osteopath or chiropractor. Posture is surprisingly important for recovery and can help in short and long term pain relief.

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You may apply an ice pack soon after the injury and no more than 72 hours after. This might help to reduce swelling and pain. Never apply ice directly onto your skin. Use a towel to wrap the ice or frozen peas up. Apply the ice for around 10-30 minutes at a time.