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Certified in Personal Injury

Whiplash: Treatment and Recovery

Not all car crash claims require the guidance of an attorney. However, sometimes, claims are complex enough or injuries are severe enough, that hiring an attorney is the smartest thing a victim can do to protect your future and improve their chances of fair resolution.

But the first step you should take following a car crash is the contact a healthcare provider, and I recommend a certified provider as it pertains to management of car crash victims. All injuries are not the same, and certainly not following the car crash.

The types of forces that are sustained during a motor vehicle collision are very unique and it is due to what is defined as "G" force. A "G" Force is the gravitational unit of the earth. We stand under one gravitational unit every day of our lives. If we consider the pens on your desk, the cup of coffee on your table, your remote control on your coffee table, are all under one gravitational unit.

This metric is very important to consider with car crash victims, for example let's say an individual with sitting at a red light. Let's further assume that they are driving a 2016 Honda Accord and they are hit from the rear by a 2015 Toyota Camry. If the Toyota Camry was traveling at 7 mph and it hits the Honda record in the rear end of the vehicle, the occupants head and neck can accelerate between 8-19 G's of force, this is based on research by Ommaya and Hirsch.

This is a massive amount of acceleration and this is why whiplash injuries are very unique. It is due to the peak head and neck acceleration, and low-speed collisions as

slow as to miles an hour have been proven to create injury.

This is why we believe your first destination should be to a provider that is certified in personal injury and whiplash mechanics. These injuries are very unique and have long-term ramifications if not addressed quickly and using the right techniques.

The emergency room maybe one of the first locations that an individual may visit following a car crash but the role of the emergency room is to save lives and 95% of the time car crash victims would be better served visiting a qualified doctor that manages these type of injuries.

Many crash victims will experience the following symptoms at some point in time following the car crash:

- Neck pain and/or stiffness
- Blurred vision
- Difficulty swallowing
- Irritability
- Fatigue
- Dizziness
- Pain between the shoulder blades
- Pain in the arms or legs, feet and hands
- Headache
- Low back pain and/or stiffness
- Shoulder pain
- Nausea
- Ringing in the ears
- Vertigo
- Numbness and tingling
- Pain in the jaw or face

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TREATMENT OPTIONS:



Physical therapy (PT) helps to reduce muscle spasms, increase circulation, and promote healing. PT may include the following modalities: moist heat, ice, ultrasound, electrical stimulation, and exercise to restore range of motion and build strength.

If symptoms persist, cervical traction may be incorporated into the treatment plan. A portable cervical traction device can be used at home or office. Trigger point injections containing a local anesthetic may help alleviate pain and tenderness.

If symptoms continue more than 6 weeks, or new symptoms appear the patient's condition is re-evaluated. Severe extension injuries can damage the intervertebral discs involved. When an intervertebral disc is affected, surgical intervention may in rare instances be required.

Surgery Rarely Needed

Rarely does the treatment of whiplash require surgery. Surgical intervention is considered in severe cases such as those presenting persistent neck, scapular or shoulder pain. The pain may indicate a tear in an intervertebral disc. When intervertebral disc removal is necessary, one of the following procedures may be performed:

Discectomy is the surgical removal of part or the entire offending intervertebral disc.

Microdiscectomy incorporates the use of a microscope to magnify the surgical field during disc removal.

Percutaneous surgical procedures enable disc removal through a small incision in the back. These are generally not used in the cervical spine (neck) but have been used in the low back. Automated Percutaneous Discectomy is performed under radiologic control while a cannula (hollow tube) with a rotating blade breaks up the disc. The disc fragments are then removed by aspiration.

Once the target disc is removed, Spinal Instrumentation and Fusion provides permanent stability to the spinal column. These procedures join and solidify the level where an intervertebral disc has been damaged or removed. Instrumentation, the use of medically designed hardware such as rods and screws, can be combined with Spinal fusion (arthrodesis) to permanently join two or more vertebrae.



Recovery

Non-Surgical Recovery

During the recovery phase, the goal is to help the patient resume normal activities at their pre-injury level.

The guidelines set forth by the spinal physician and/or physical therapist should be closely followed. A home exercise program customized by the physical therapist is a key to rebuilding strength and increasing range of motion. It may be necessary to continue physical therapy and modalities (e.g. moist heat) for a period of time.

Surgical Recovery

Post-operative pain and/or discomfort should be expected. Patient Controlled Analgesia (PCA) enables the patient to control their pain without hospital staff assistance. PCA is eventually replaced by oral medication.

The patient may be encouraged to get up and walk the following day. Activity enhances circulation and healing.



Physical therapy is added post-operatively enabling the patient to build strength, flexibility, and increase range of motion. Physical therapy is usually continued on an outpatient basis for a period of time. Additionally, the therapist provides the patient with a customized home exercise program.

Prior to release from the hospital, the patient is given written instructions and prescriptions for necessary medication. The patient's care continues during follow-up visits with their spinal surgeon.