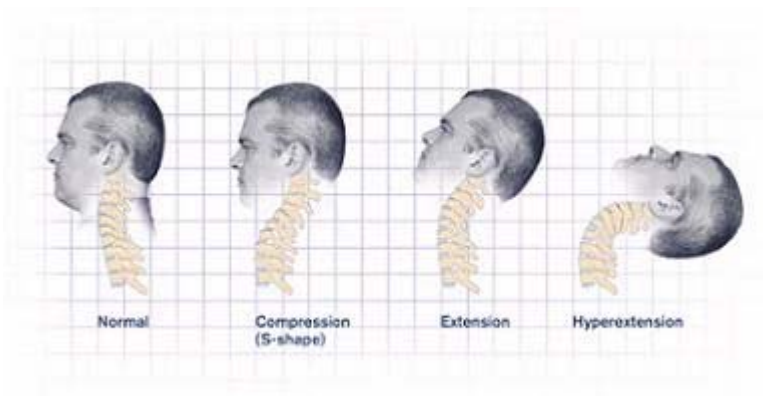


## Whiplash! What is it and What can you do about it?

By Louise Edwards, Clinical Specialist Physiotherapist

Imagine yourself driving when a car behind you rear-ends your vehicle. The impact pushes your car forward. It takes about 100 milliseconds for your body to catch up to the forward movement. Your shoulders travel forward until they are under your head, and your neck extends forward as your head tilts slightly down toward your steering wheel. You step on the brakes, bringing the car to an abrupt halt. The sudden stop throws your head and neck backward, and they bounce against the headrest. In a matter of seconds, you've experienced the classic mechanism of injury for whiplash.



About 20 percent of people involved in rear-end collisions later experience symptoms that centre in the neck region. Although most of these people recover quickly, a small number develop chronic conditions that result in severe pain and sometimes disability.

### Signs and symptoms

People who experience whiplash may develop one or more of the following symptoms, usually within the first two days after the accident:

- Neck pain and stiffness
- Headaches
- Pain in the shoulder or between the shoulder blades
- Low back pain
- Pain or numbness in the arm and/or hand
- Dizziness
- Ringing in the ears or blurred vision
- Difficulty concentrating or remembering
- Irritability, sleep disturbances, fatigue



## Diagnosis and Treatment

How whiplash injuries occur is clearly understood, but the extent and type of injuries varies greatly. The diagnosis of whiplash is often one of exclusion. Most injuries are to soft tissues such as the discs, muscles and ligaments, and cannot be seen on standard X-rays.

In the past, whiplash injuries were often treated with immobilization in a cervical collar. However, the current trend is to encourage early movement, rather than immobilization. The soft collar may be used for a short term and on an intermittent basis.

Ice may be applied for the first 24 hours, followed by gentle active movements. A comprehensive assessment by a physiotherapist at this early stage is essential. Once the initial inflammatory stage has settled then treatment can start this may include:

- Electrotherapy for pain relief
- Soft tissue massage
- Cervical joint mobilisation
- Home exercise programme and stretches
- Advice on posture / ergonomics and returning to work
- Cardiovascular exercise

An early return to work is encouraged, even if you are still on some medication. Symptoms may resolve within several months but it can be slow and professional management by a physiotherapist is essential.