

Whiplash Is More Than a Pain in the Neck

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Whiplash-associated-disorders is a complex of problems that occur as a result of car accidents that cause the head to whip back and forth. These problems can also occur from side impacts or accidents in which the car spins about. Falls in which the neck is suddenly extended produce the same kind of symptoms. These symptoms include neck pain, headache, shoulder pain, arm pain and numbness, dizziness, ringing in the ear or tinnitus, hearing loss, and loss of concentration and difficulty thinking. There is frequently difficulty sleeping as well. Injury to the jaw-joint can also occur, and that can contribute to headache pain. There does not have to be loss of consciousness nor does the head have to strike anything in order to develop symptoms. Recovery usually occurs within six to 12 weeks, but a substantial percentage of persons injured this way progress to a long-lasting problem. We advocate early treatment, within six weeks or even sooner, to lessen the likelihood of developing chronic pain, but we think that medical evaluation and treatment is definitely indicated when symptoms persist for three months and do not show signs of diminishing.

The pain that results from whiplash injury may come from injury to the muscles in the neck and Shoulder region, or from injury to the spinal joints or intervertebral discs. Either muscle injury or spine injury can reduce the ability to turn the neck. Limited movement of the neck is an important sign of ongoing muscle or joint problems. Early mobilization of the neck to maintain movement is an important principle of treatment, Early treatment is therefore directed toward relieving pain and restoring full motion to the neck.. We accomplish this by using hands-on physical therapy techniques like trigger

point compression and specific muscle stretches. The pain can be excruciating, so that our first job is to reduce the pain to allow more hands-on treatment, We work back and forth between reducing the pain and addressing stressful posture alterations like a forward leaning neck and rounded shoulders that overload the neck and shoulder Muscles and that causes pain. Injury to the muscles of the neck can produce hearing loss, ringing in the ear, and loss of equilibrium. Therefore, the complaints of dizziness and headache, and pain in the neck and shoulders, should be addressed initially by examining the sternocleidomastoid muscles and the upper trapezius muscles, to see if firm pressure on the trigger points will reproduce the pain. We approach muscle-related pain first, but if pain persists or if the physical examination suggests an injury to the spinal joints, a diagnostic injection of a local anesthetic into the spinal joints can identify a joint-related source of pain, and lead to effective treatment. Dizziness, especially with a component of vertigo and ringing, can occur when a membrane in the inner ear is torn. This condition is called peri-lymphatic fistula. It is an important entity to identify and treat, since it can usually be controlled or corrected.

In summary, persistent symptoms after whiplash injury should be evaluated to identify the causes, because they can frequently be treated and corrected. This is true when symptoms have been present only for a short time, but it is also true when symptoms have been presented for months and even years.