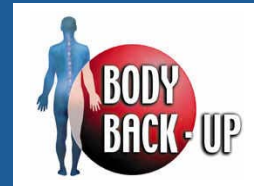


Whiplash & Neck Injuries



Osteopathy &
Sports Injury Clinic

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Introduction

This leaflet is designed to help in the efficient management of Whiplash and Neck Pain patients.

You may be presented with new cases and can decide to refer these quickly – for Osteopathic evaluation – and prevent the case becoming chronic.

You may already have chronic cases who have returned to see you for several consultations or have tried other treatments but are still suffering and may be developing increasing disability.

These cases should also be considered for Osteopathic referral.

Symptoms of whiplash

- Stiffness in the Neck & Upper Back
- Generalised Headaches
- Pins & needles in one or both Arms
- Limited Neck rotation, flexions & extension



Investigations & predisposing factors

- X-ray findings tend to be negative – apart from normal wear & tear.
- Patients who have sedentary jobs, work at VDUs or drive long distances, tend to develop the most severe reaction to the RTA.
- The time to resolve symptoms & immobility tends to be extended.

Examination pointers for GP's

Palpation

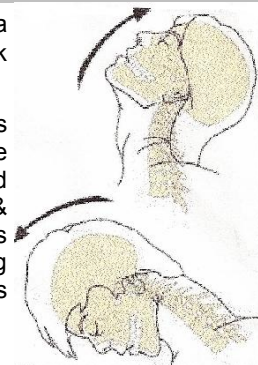
- **Muscular tenderness & tension**
Palpation can illicit considerable tenderness over the Trapezius, Cervical Erector-Spinae, Anterior Cervical Muscles & Inter-scapular muscles.
There may be tenderness under the Sub-Occipital area.
- **Spinal Tenderness**
Tenderness may be experienced over the spinous processes of the Upper Dorsal Spine, Cervical Spine, and over the C/D junction.

Reproducing Symptoms on examination

- Pain at the end of a limited range of movement.
- Painful tension in muscle groups can occur, either opposing a movement or in muscles producing a movement.

Diagnostic pointers

- Application of pressure to a postural muscle between the Neck & Upper Back, may produce pain.
- However, if pressure is maintained, for example on the left, there will be an enhanced range of movement in the Neck & Upper Back to the right. This gives a means of determining whether the symptom source is joint or pure muscular.
- Reflexes should be unaffected. There should be no muscular weakness or wasting in the upper limbs.
- Pins & Needles may show shifting dermatomal patterns.
- Pressure onto the scalene muscles in the anterior part of the Neck increases neural tension.



Collars & Medication

- The immobilisation effect of using a collar can prevent improvement by causing muscular stiffness.
- If a soft collar is worn, it should be used for short spells to provide symptomatic relief.
- Patients may gain some pain relief with the use of NSAIDs or analgesics.
- Occasionally muscle relaxants may be useful.
- Marginal improvements from medication can be expected if there is mechanical restriction as a result of the accident.



**To find out more about Body Back-Up
visit our website
or email us at practice@bodybackup.co.uk**

www.bodybackup.co.uk

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**For appointments call 01628 624544 or 020 8969 0247
Maidenhead • Slough • London W9 (Maida Vale)**

Osteopathic approach

GP's referral information

Early referral

■ Acute cases

If a patient develops very acute symptoms immediately after the RTA, full screening including X-rays may be advisable.

Once cleared from bony damage, referrals can be made immediately.

■ Sub-acute cases

Those who are sub-acute and have just had the RTA should be referred immediately for an Osteopathic evaluation.

Early treatment allows muscle spasm to be calmed with soft-tissue release.

Mobility will improve and the development of protective posturing and stiffness, reduced.

3 Treatments over 2-3 weeks may be enough to discharge these patients.

Late referral

- Patients who have suffered Sub-acute or Acute injuries in the early stages may complain of symptoms weeks or months after their RTA, even though their initial symptoms may have reduced with no intervention.

- Mechanical function was never restored.

- These patients need 3-6 treatments over a month.



**To find out more about Body Back-Up
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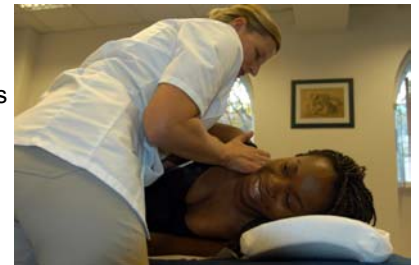
Whiplash management

Evaluation

- The injury should be of a purely mechanical nature.
- There should be no suspicion that the patient is traumatised to the point of bony damage.

Order of treatment

- Treatment is focused around the less acute areas distal to the patient's symptoms.
- Soft-tissue/deep massage and manipulation of the Upper Dorsal Spine to release tension.
- Particular techniques and manipulation to the Cervical Spine further enhance movement and restore function.
- This approach reduces any adverse reaction to treatment.



Patient self-help options & advice

- Sleep in a semi-sitting position.
- Heat reduces muscle spasm & pain.
- Gentle movement of the Neck and Upper Back.
- Self Massage.

Other information sheets . . .

We also have the following information sheets you may find useful on-line at www.bodybackup.co.uk

- Pillow Talk
- Applying Heat
- Osteopathy & You

www.bodybackup.co.uk

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