



Your guide to

whiplash recovery

For more information

If you have queries or need copies of this publication, contact:

Motor Accidents Authority

Level 22

580 George Street, Sydney NSW 2000

Phone: 1300 137 131 Fax: 1300 137 707

Web site: www.maa.nsw.gov.au

e-mail: rehab@maa.nsw.gov.au

Claims Advisory Service: 1300 656 919

ISBN 1876958 04 9

Your guide to

whiplash recovery

in the first
12 weeks

January 2001

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What is 'whiplash'?

'Whiplash' is what happens when someone's head moves forwards and then backwards quickly. This quick back and forth movement may cause injury to the neck.

This whiplash movement often happens in car crashes.

People who have been in a crash often complain of neck pain and stiffness afterwards, sometimes even a few days after the accident. For most people the pain is mild, does not interfere with their normal activities and gradually gets better.

Research indicates that people who carry on with their normal activities recover faster than people who stay at home and reduce their activities.

Some people have more severe neck pain. They may also experience:

- headaches
- pain in the shoulders and arms
- dizziness or altered sensation
- weakness in the arms.

These people should see a doctor immediately since they may have a Whiplash-Associated Disorder, or WAD as it also known.

What is WAD?

The term WAD stands for Whiplash-Associated Disorders. It covers a range of neck problems resulting from the whiplash motion of the accident. These can range from no discomfort at all to very severe injuries.

To help the doctor work out how serious your injury is and the most appropriate treatment, the neck problems from a whiplash have been grouped into four 'grades' of WAD.

Whiplash-Associated Disorders (WAD)

Grade 0	no pain or discomfort. No physical signs of injury.
Grade 1	neck pain, stiffness or tenderness. No physical signs of injury.
Grade 2	neck pain, stiffness or tenderness and some physical signs of injury such as point tenderness or trouble turning the head.
Grade 3	pain, stiffness or tenderness and neurological signs of injury, such as changes to reflexes or weakness.
Grade 4	pain and fracture or dislocation of the neck.

When should I seek medical advice?

You should seek medical advice after an accident if you have:

- medium to severe pain in your neck
- neck pain plus stiffness (you have problems turning your head)
- arm numbness or weakness
- drowsiness, nausea, vomiting, confusion
- any complaints that are not getting better or are getting worse.

These symptoms may mean you have WAD.

It is important that you see your GP for a medical assessment.

A registered health professional such as your GP, physiotherapist or chiropractor is the best person to advise you about how to manage your whiplash injury.

It is also important that you tell your GP of other professionals who may be treating you.

How is WAD treated?

Your doctor will provide you with information, advice and the best treatment.

If your pain is mild, the doctor will advise you to continue normal daily activities and, if required, use pain-relieving medication such as paracetamol.

If you have more severe pain, you may be advised to continue with light activities, use pain relieving medication and do exercises. The exercises will help to restore movement and flexibility in your neck, and ensure that your muscles are acting to support the neck. Examples of exercises are shown on pages 11 to 14.

In many cases your doctor will ask that you return to check your progress, usually within a week of your first visit. Your return visit is important.

In some cases (especially if there is no improvement) the doctor will send you for additional treatment.

Many treatments have been used for whiplash. A Working Party of experts in this area has reviewed what is known about the effectiveness of treatments for WAD in the first 12 weeks and grouped them into three categories:

- Treatments that are recommended
- Treatments that may be used
- Treatments that are not recommended

More information on treatment is found on pages 7 to 10.

How long will it take me to get better?

This will depend on the extent of your injury. Every injury is different.

Most people will be able to continue with their normal activities, but it may take weeks, or even months, for the discomfort to go away completely.

If you have had to reduce your normal activities, you should be able to return to them within weeks.

It may seem that it is taking a long time for you to recover. If you are worried about this, or if your pain gets worse, see your doctor immediately.

What can I do to help me get better?

Gently exercise your neck to restore movement and flexibility and to ensure that the muscles are acting to support your neck. Examples of exercises are shown on pages 11 to 14.

Try to stay active. Do as many of your normal activities as possible. Staying active helps you to recover more quickly.

Stay at work if you can. People who stay at work after an accident recover more quickly than those who take time off.

Don't use a collar without advice from your doctor or therapist. Most people don't need to use collars, and using one unnecessarily may slow your recovery.

Initially avoid heavy lifting and sitting for a long time. It is most important to stay generally active but it is wise to prevent excessive strain on your neck in the early stages after injury. For example, stand up from a sitting position at regular intervals or perform some of the gentle exercises while sitting as shown on page 13. Divide heavy loads (e.g. grocery shopping) into several lighter loads for carrying.

Relaxing both body and mind will help you manage any pain more easily.

Treatments that are recommended

Act as usual: you may have pain but maintaining your normal activities is an important factor in getting better.

Exercise: specific exercises to restore muscle control and support your neck should improve postural control and prevent unnecessary postural strain. Exercises that may help you are on pages 11 to 14. General exercise and activity are also important.

Pain relieving medication: pain relieving medication such as paracetamol can be prescribed. For more severe cases, anti-inflammatories can be prescribed in the short term to reduce pain and swelling. Use of medication should be limited as it may have side effects.

Treatments that may be used

Advice about posture: advice about how to sit and stand correctly can be helpful in addition to maintaining usual activities and exercising.

Joint Mobilisation: a therapist gently and repetitively moves the joints in the neck region to reduce pain and restore normal movement in the neck. This can be used if it reduces your symptoms. It is important that your therapist is registered, qualified and trained to do mobilisation.

Spinal Manipulation: a therapist applies a gentle quick single thrust to the joint to the limit of its range of movement. This produces a clicking sound. The manipulation aims to reduce pain and restore motion. It can be used if it reduces your symptoms. You should check that your health provider (medical practitioner, chiropractor, osteopath or physiotherapist) is registered, qualified and trained to do manipulation. Complications from manipulation are rare but include stroke and death.

Combination of Treatments: a combination of treatments such as exercise and mobilisation can be used.

Traction: a machine gently stretches the neck. Traction can be used with other treatments. There is no evidence that traction works for WAD, so it should only be used if it reduces your symptoms.

Acupuncture: fine needles are inserted into specific points on the body. There is no evidence that acupuncture works for WAD; it should only be used if it reduces your symptoms.

Improving your environment: learning about the structure of your neck and how it works can be helpful. Improving your work practices can lessen unnecessary strain and allow you to function well in your normal daily activity. For example, the chair you sit on at work may need adjusting. It may also help to stand up for a break or change position every 20 minutes. If you have learnt relaxation techniques these may be helpful in managing pain associated with WAD.

TENS, heat, ice, massage, ultrasound, laser, short-wave diathermy: TENS (Transcutaneous Electrical Nerve Stimulation) is a low frequency, painless electric current sent through the skin to reduce pain.

This and other passive treatments/electrotherapies, if administered by trained professionals, are additional treatment options during the first three weeks. They are used with manual and physical therapies and exercise to help you return as soon as possible to your usual activity.

Rest: a period of bed rest is not recommended for people with WAD Grade 1. People with WAD Grades 2 and 3 should not have bed rest for more than four days.

Surgical Treatment: in almost all cases of WAD Grades 1 to 3 surgery is not required.

Collars: the use of a collar, sometimes called a neck brace, is not recommended for WAD Grade 1. If prescribed for WAD Grades 2 and 3, a collar should not be used for more than three days as it may slow your recovery.

Treatments that are not recommended

Cervical pillows: the use of commercially-made contoured pillows is not recommended as there is no evidence to prove their usefulness.

Spray and stretch: spraying the muscle with a cold spray followed by muscle stretching is not recommended as there is no evidence that spray and stretch works.

Injections of steroids: steroid injections are not recommended for WAD Grades 1 and 2. Steroid injections may be used for WAD Grade 3. Repeated steroid injections may cause harm.

Injections: injections of local anaesthetic or sterile water into nearby nerves are not recommended in the early stages of WAD.

Magnetic necklaces: wearing a magnetic necklace is not recommended as there is no evidence to prove their usefulness.

Pilates, Feldenkrais, Alexander Technique, massage and homeopathy: these are not recommended for the first 12 weeks as there is no evidence to show they work during this period.

Exercises that might help

The following exercises should help to heal your neck.*
Perform all exercises in a slow and controlled manner.

The exercises are designed to restore the movement and muscle control around your neck and to reduce unnecessary postural strain and muscle pain.

When you are performing the exercises, stop and contact your doctor or therapist if you notice:

- dizziness, light headedness, blurred vision, fainting or disorientation
- sudden pain shooting down your arm, or numbness or weakness in your arm or hand
- unusually severe neck pain
- exercises consistently producing a headache, which persists.

For each exercise:

- move smoothly and slowly, without sudden jerks. The key is precision and control.
- keep your mouth and jaw relaxed. Keep lips together, teeth slightly apart and let your tongue rest on the roof of your mouth.
- gently hold your shoulders back and down so that they are relaxed while doing all exercises.
- in movement exercises, try to move the same distance to each side. If one side is stiffer, move gently into the stiffness. Move to that direction a little more often.
- expect some discomfort, but remember exercises should not cause severe pain.

* Jull GA, 'The management of cervical headache', *Manual Therapy* 2(4):182-190.

Neck exercises lying down

Lie down with a soft pillow under your neck, and with your knees bent up.

The chin nod exercise

Gently and slowly nod your head forward as if to say 'yes'. Feel the muscles at the front of your neck. Stop the nodding action just before you feel the front muscles hardening. Hold the nod position for five seconds and then relax. Gently move your head back to the normal start position. Repeat up to 10 times.



Head rotation

Gently turn your head from one side to the other. Look where you are going. Progressively aim to turn your head far enough so your chin is in line with your shoulder and you can see the wall in line with your shoulder. Repeat 10 times to each side.



Exercises while sitting

Correct postural position

Correct your posture regularly by gently straightening up your lower back and pelvis. Now gently draw your shoulder blades back and down (women towards their bra clip). Hold the position with ease for at least 10 seconds.

This position will prevent and ease muscle pain and tension in your neck and shoulder muscles. Repeat the correction regularly, every half hour during the day. You can do this exercise at work, in the car, train or bus and sitting at home.



Neck isometric (no movement) exercise

Sit in the correct postural position as described above. Make sure your chin is relaxed and slightly down. Place your right hand on your right cheek. Gently try to turn your head into your fingers to look over your right shoulder but allow no movement. Hold the contraction for five seconds. Use a 10% to 20% effort, no more! Repeat with the left hand on the left cheek. Do five repetitions of the holding exercise to each side.



Neck movement exercises

Sit in the correct postural position. Repeat all exercises below 10 times to each side.

Rotation: gently turn your head from one side to the other. Look where you are going, progressively aim to see the wall in line with your shoulder. This exercise is similar to the one you did lying down. This time you do it sitting.



Side bending: gently tilt your head towards your shoulder and feel the gentle stretch in the muscles on the side of your neck. Perform the movement to both sides.



Bending and extension: gently bend your head towards your chest. Lead the movement with your chin. Moving the chin first, bring your head back to the upright position and gently roll it back to look up towards the ceiling. Leading with your chin, return your head to the upright position.



Where else can I get help?

Specialist health professionals

Your GP can refer you to health professionals who are experts in treating WAD. These may include a GP who sees a lot of WAD patients, specialists, physiotherapists and chiropractors.

Pain management clinics

You would normally be sent to a pain management clinic only if your injury and/or pain is severe and long lasting.

Community resources

Evening and community colleges run classes in relaxation and stress management, but see your doctor before starting one of these. For the phone number of your nearest college look under 'Evening & Community Colleges' in the White Pages phone book. Local hospitals may also run relaxation classes.

Web site

The MAA web site www.maa.nsw.gov.au has general information on rehabilitation and other publications on Whiplash-Associated Disorders.

Claims Advisory Service

For information or assistance on a CTP claim contact the Motor Accidents Authority Claims Advisory Service on 1300 656 919.

Other publications

This guide is meant for people injured in motor vehicle accidents and for their friends and family. The MAA also publishes technical guidelines for health professionals involved in the treatment of WAD and for CTP insurance companies.

Guidelines for the Management of Whiplash-Associated Disorders

SUMMARY Guidelines for the Management of Whiplash-Associated Disorders

TECHNICAL REPORT: Update of Quebec Task Force Guidelines for the Management of Whiplash-Associated Disorders

Compulsory Third Party Insurance Claims Guide for the Management of Whiplash-Associated Disorders

For copies, please contact the MAA on 1300 137 131