



WHIPLASH ASSOCIATED DISORDER (WAD)

Whiplash-associated disorders are a common condition that occurs as a consequence of a motor vehicle accident (MVA). While the research into this disorder can be difficult to interpret, the following is generally understood:

By three months:

- Approximately one third of patients will have recovered from their initial pain and disability.
- Approximately one third will have persisting lower levels of pain and disability.
- Approximately one third will have quite high levels of pain and disability.

The associated cost of whiplash injury including medical care, disability, lost work productivity, as well as personal costs, can be substantial.

Diagnosis is difficult

Current imaging techniques often don't deliver a precise pathology or anatomical diagnosis. Evidence is emerging that whiplash is a remarkably complex and varied condition, involving diverse physical and psychological manifestations, with some of these factors showing an association with poor functional recovery.

In 1995, the worlds leading researchers into whiplash met and agreed on the name Whiplash Associated Disorder (WAD) with a graded classification system. This has since been adopted by practitioners around the world who practice evidence based treatment for this condition. This includes the Motor Accidents Authority (MAA) in Australia. Accurate diagnosis of WAD, then directs the appropriate treatments which have been shown to deliver the best outcomes to patients. Part of your initial assessment today is to diagnose your grade of WAD and to inform you of the best course of treatment.

Symptoms of WAD are diverse

They can include some or all of the following:

- Neck pain
- Head pain
- Shoulder and arm pain
- Thoracic, inter-scapular and lumbar pain
- Headache
- Dizziness
- Loss of balance
- Visual disturbances
- Pins and Needles (paresthesia), numbness (anesthesia)
- Poor concentration
- Poor memory
- Mood changes and shortness of temper
- Nausea

It is clear that whiplash is **NOT** just a soft tissue neck injury. It involves many different tissues, structures and bodily systems. It is probably more accurately considered as a minor head and neck injury. Therefore WAD is a more accurate description of the consequences of the injury.

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Early Intervention and Assessment

It is clear from the research: Identification and early correct treatment directed in the right areas can improve short term outcomes and more importantly, reduce the risk of suffering symptoms long into the future. Your Physiotherapist will take a detailed history of your symptoms and will perform a physical examination and tests to help identify these areas. He or she will also collect measures via questionnaire.

These include:

- The level of your pain
- The level of your disability
- Emotional and psychological state
- Quality of life

These will be repeated half way through your treatment and on completion of your treatment. The reasons for this are:

- For you to further inform your Physiotherapist regards the impact of your condition
- To assess whether treatment is effective
- To determine whether other Health practitioners would be useful in your recovery
- To provide objective measures to direct treatment

What does Treatment involve?

Treatment strategies will differ from patient to patient dependent on the findings of the assessment and will obey only evidence based approaches that are supported by current WAD research. Treatment may consist of some, part or all of the following:

- Manual (hands-on) therapy for joint, muscle and neural tissue
- Strengthening exercises for the deep cervical flexors and lower scapula stabilisers
- General exercise
- Postural education
- Sensorimotor control exercises to improve eye movement control, reduced proprioceptive acuity, disturbed balance and dizziness
- Postural control exercises
- Home program customised by your Physiotherapist

Your treatment will not involve multiple repetitive sessions of treatment or manipulation, as research has shown this to be ineffective in improving long term outcomes. Your program is most likely to last 6-12 weeks and consist of some hands-on treatment; but predominantly, professionally instructed and guided exercises both in the clinic and as a self managed home

program. Strong adherence to the home based exercise program, demonstrates the best results and as such, is encouraged strongly throughout the program.

We have guided numerous patients through this program and have been able to demonstrate results on parity with research studies. You can be assured of an experienced and comprehensive management of your condition.