



# YOUR GUIDE TO WHIPLASH

MUSCULOSKELETAL

## Contents

What is whiplash? .....	4
What does whiplash feel like? .....	6
What can I do to help myself? .....	6
What treatment to expect .....	8
What exercises should I do? .....	9
Neck exercises .....	9
Mobility and stretching - phase 1 .....	10
Strengthening - phase 2 .....	12
Further information .....	14
Contact us .....	14

## Introduction

**Please take note of the following before starting any of the exercises in this guide:**

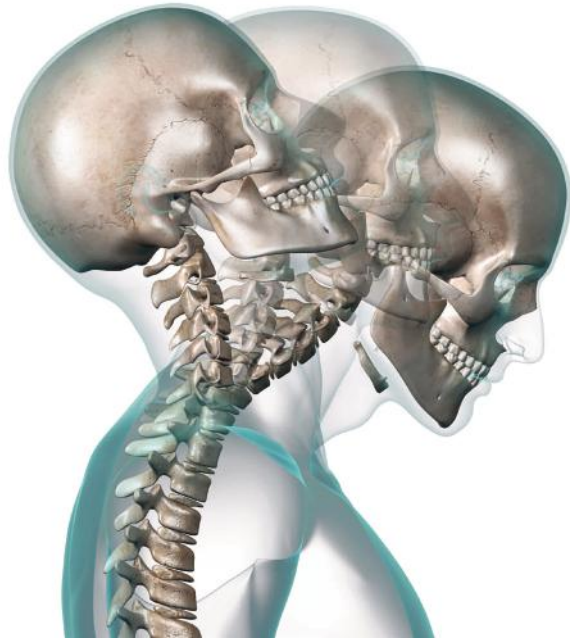
- The information contained in this guide is intended to assist in managing your recovery.
- This guide is based on the latest medical research pertaining to Whiplash related symptoms and contains the best advice available to the best of our knowledge.
- This guide is complementary to other medical services and is not intended as a substitute for a health care provider's consultation. Never disregard medical advice or delay in seeking advice because of something that you have read in this guide.
- If you have any concerns or any new

or worsening symptoms, please contact your IPRS Personal Care Advisor on the free phone number below and/or consult your GP/health professional immediately.

- Many people have found quick and lasting relief from their whiplash related symptoms, by acting upon the information provided in this guide, but everyone decides for themselves what to do with this information. Should you doubt a particular exercise in your particular situation, please consult your GP/health professional.

**When consulting your health professional, it is wise to take this guide with you to show them.**

# What is Whiplash?



Whiplash is a non-medical term to describe neck pain following an injury to the soft tissues of your neck. Whiplash-associated disorder (WAD) refers to the physical, cognitive and emotional complaints that accompany a whiplash injury. It is important to be aware that the manifestations of a whiplash injury may occur on any of these levels, and the physical injury may require psychological assistance for effective management.

**A whiplash injury** occurs when the neck is subjected to acceleration and deceleration forces, which cause the spine to be jolted backwards and

forwards: a whip-type movement. This might cause a strain / sprain (overstretch) to the soft tissue structures, e.g. muscles and ligaments of the neck. This type of injury is most often associated with a road traffic accident, but can also occur in other situations where the body is jolted unexpectedly such as sporting activities, accidental falls, diving and assault.

Whiplash is a common term for this injury, but symptoms and recovery rate vary between individuals. Until recently it was believed that rest and immobilisation (e.g. a soft collar for the

neck) were the best courses of treatment for this rather common complaint. However, up-to-date research suggests that this approach may actually extend the period of pain and delay your recovery unnecessarily. This is important to take into consideration as you progress through your recovery period. Extensive studies now prove that the best outcomes occur in people who remain active, stay at work and continue with their usual hobbies / activities, within sensible capability. It also states that, contrary to previous belief, the spine is a very strong structure and surprisingly difficult to damage. Research suggests that only minor damage occurs in the majority of whiplash sprains and that, as a whole, the **spine recovers well** from this.

**Serious injury or damage from a whiplash is rare**, and you should consult your GP / A&E if you have:

- Been unconscious
- Disturbed vision
- Severe muscle spasm, or if your neck is in an abnormal posture
- Pins and needles, numbness or weakness in your arms or legs
- Any difficulty with balance or walking

It is important for you to be aware that your prognosis is generally favourable. Current understanding is that by 3 months after a whiplash injury, one third of patients will have recovered

fully, one third will have persisting low levels of pain and disability, and one third will have persisting high levels of pain and disability. Although a good and full recovery is expected, it is normal to have some residual symptoms for up to 12 months after the accident - this is all part of your body's healing process! Be aware that neck injuries generally heal with periodic flare-ups, which is the nature by which soft tissues of the body heal. Do not be discouraged if you experience periodic flare-ups of your symptoms, this is normal, to be expected and will gradually disappear with time. Remember the exercise therapy provided in this Whiplash Guide during these periods as they will greatly assist with maintaining neck mobility and strength, vital to remaining active and functional.

## WHIPLASH SYNDROME

A few people develop continuing symptoms after a whiplash trauma and develop what is known as whiplash syndrome. Unfortunately, in a very small number of people who have experienced a severe whiplash injury, symptoms can persist for months before settling and there can even be residual long-term neck discomfort. The essence of the treatment for whiplash syndrome is to prevent any further strain and encourage a quick return to normal everyday activities, to prevent symptoms from becoming chronic.

# What does Whiplash feel like?

The most frequent complaints are neck pain, headaches and stiffness. These symptoms appear within the first couple of days after the accident and usually pass after a few days to a few weeks.

**Remember! The risk of sustained after-effects is very small and the chances for complete recovery are**

**good. However, whiplash is still a strain injury and, as with other strain injuries, it is not unusual for the pain to last for a couple of months.**

### HOW SEVERE IS YOUR WHIPLASH?

In order to determine the extent of a whiplash injury, the symptoms are graded by their severity, as detailed in the below chart:

<b>Grade 0</b>	No complaint about the neck. No physical signs
<b>Grade I</b>	Neck pain, stiffness or tenderness only
<b>Grade II</b>	Neck symptoms and musculoskeletal signs (reduced mobility & point tenderness)
<b>Grade III</b>	Neck symptoms & neurological signs (absent reflexes, numbness/tingling in arms/shoulders)
<b>Grade IV</b>	Neck symptoms & fracture/dislocation (confirmed by X-Ray)

# What can I do to help myself?

It is important to understand that all the advice about your symptoms has one sole purpose - **TO GET AND KEEP YOU ACTIVE!** The spine was made for movement and it needs to keep moving to stay healthy. It is common and normal to expect some discomfort when doing activity or starting an exercise programme. However do not let this stop you from performing the exercises. Both your short-term and long-term recovery depends on you keeping active.

### HOW DOES A DOCTOR DIAGNOSE WHIPLASH?

Usually the diagnosis is made based on injury detail and usually on the patient's description of symptoms. Whiplash cannot be seen on an MRI scan, CT scan or X-ray, although an X-ray is taken if there is a suspicion of fracture or dislocation of the cervical spine.

### WHAT ELSE CAN ASSIST IN YOUR RECOVERY?

**Medicines:** Painkillers can be helpful to subdue the symptoms enough to allow you to keep active. You will

probably need to take them for a couple of days, or maybe even for 1-2 weeks. Paracetamol is normally strong enough if taken regularly as directed, and not only when the pain becomes unbearable. Anti-inflammatories, like Ibuprofen, can also be of benefit. Just beware that you should not take these if you are pregnant, have indigestion, an ulcer or asthma. Ensure that you always read the label and consult your GP/Pharmacist if you are unsure.

**Cold / Heat:** Initially you could get relief from putting a cold compress on the affected area every hour, for 10-15 minutes at a time (e.g. bag of frozen peas in a damp towel - **NEVER** put ice or frozen plastic straight onto your skin). After the first couple of days, you will most likely get more benefit from heat e.g. hot water bottle, a soak in a warm bath or even a heat rub. Heat can often aid in loosening the muscle and joints before commencing with your exercises.

**Adjust your activities/posture:** For the first 2-3 days after the incident, you will most likely need to adapt some of your activities, e.g. work duties or hours, sport or activities of daily living, because it may be too painful to perform them in your usual way. With some minor adaptations, e.g. varying speed, avoiding static postures (sitting in one position for a long time) or changing the layout of your workstation, you should be able to continue with most activities, even if you have to work through some pain. Try sleeping on a firm pillow that gives your neck the support it needs.

However, after 2-3 days it is vital that you return to all of your usual activities as soon as possible.

**Relaxation:** Stress, be it from the incident or because of the pain, will have a detrimental effect on your recovery as it tends to increase your muscle tone, and thus increases your muscle spasm. Try some simple deep breathing techniques, gentle stretches and mild, non-impact exercises to help you relax. Remember that you are your best resource for your recovery. Managing yourself is a vital component to eliminate any discomfort that you are experiencing.

### HOW IS WHIPLASH TREATED?

There is no single treatment for whiplash that is widely accepted among doctors. If there is no suspicion of a fracture or dislocation, the patient should begin exercising and pursuing normal activities as soon as possible. In some cases it may be necessary to supplement an exercise programme with painkillers. Further advice on exercise and recovery can be sought from a physiotherapist or chiropractor. For most people the injury will simply pass after a short period, provided they remain as active as possible.

## What treatment to expect

**Grade I** injuries benefit from remaining physically active and continuance of ALL normal daily activities, diligent exercise therapy and various self-help techniques (hot and cold therapy etc). You may need to reduce the intensity at which you would normally partake in daily activities for a week, but some participation at some level is extremely important.

**Grade II** injuries benefit from remaining physically active and continuance of ALL normal daily activities, diligent exercise therapy and various self-help techniques. You may need to reduce the intensity at which you would normally partake in daily activities for a week, but some participation at some level is extremely important. If exercise therapy has been diligently and correctly performed and adhered to, and has not resulted in an improvement of your functional / daily difficulties, a short course of manual therapy (physiotherapy / chiropractic / osteopathy) may be considered to support the exercise therapy component of your rehabilitation. However, exercise therapy is the most medically evidence-based treatment required for a grade II whiplash injury.

Excessive use of manual therapies has not been proven to improve the prognosis of whiplash, and can actually encourage a dependency on passive treatment therapies. Therefore the more active and proactive you are, the better you will respond to hands on treatment. Ongoing manual therapy will not be considered as excessive reliance on passive forms of treatment has not been demonstrated to improve a whiplash prognosis.

**Grade III** injuries benefit from remaining active and continuance of **MOST** of your usual activities. If an activity results in sharp, electric-like burning pains in your arm it is best to avoid that activity. However, this does not mean that you should avoid activities altogether. Exercise therapy remains a vital component of your rehabilitation. A course of manual therapy (physiotherapy / chiropractic / osteopathy) will likely be required to assist the progression of your rehabilitation. Special investigations may be required in the presence of other factors that may indicate a severe neck injury.

**Grade IV** is extremely rare and will require immediate medical intervention (A&E).

## What exercises should I do?

As previously mentioned, it is best to keep up with your normal activities as far as you are able to. There are simple exercises that you can do during the day e.g. moving your neck through all its full range of movement - you can do this in a slow and controlled way, by moving your head all the way forward and bending your head to one side and then to the other. IPRS has included some exercises within this guide.

**Do not stop doing the exercises if you feel some discomfort.** Your muscles and joints need to start working normally again and they might not like it much to start with. If you persist and regularly do these exercises, the pain will decrease and your mobility (and function) will increase.

**Consult your health professional if your pain continues to increase, or lasts for hours after you have done the exercises.**

**For each exercise with this guide:**

- Move smoothly and slowly, without sudden jerks. The key is precision and control.
- Gently hold your shoulders back and down so that they are relaxed while performing all exercises.
- When performing movement exercises, try to move the same distance to each side. If one side is stiffer, move gently into the stiffness and move to that direction slightly more often.
- Expect to experience some discomfort. However, remember that exercise should not cause severe pain.

## Neck exercises

IPRS advise that you start with these exercises as soon as possible after your accident - preferably within the first 48 hours of receiving this guide. It is perfectly normal to feel some pain whilst carrying out these exercises, but

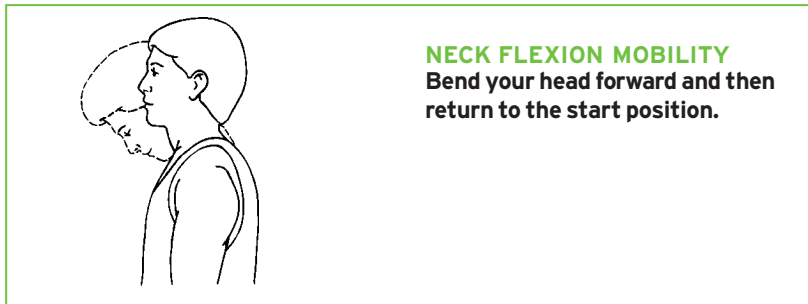
**you should immediately consult your health professional if:**

- Your pain continues to increase
- Your exercise pain persists for hours after the exercises
- Your symptoms persist after 2 weeks.

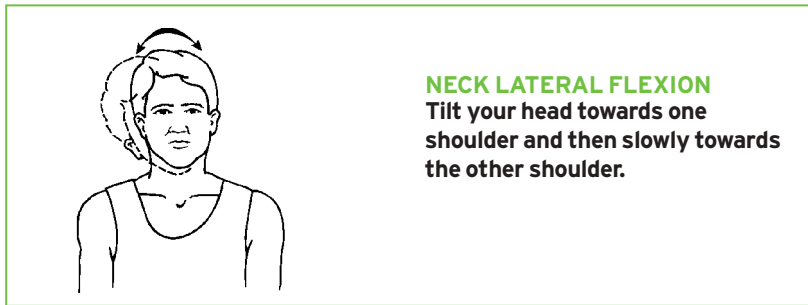
# Neck exercises phase 1

## MOBILITY/ STRETCHING EXERCISES

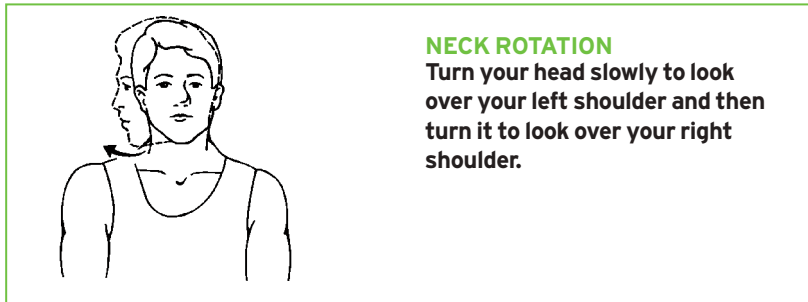
Do three sets of 20 seconds . Perform each exercise slowly and controlled. Hold each stretch.



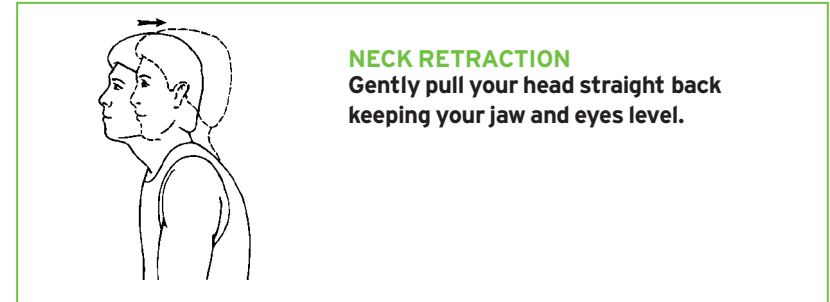
**NECK FLEXION MOBILITY**  
Bend your head forward and then return to the start position.



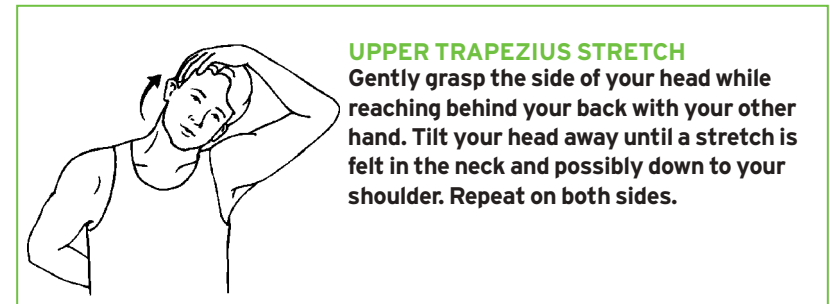
**NECK LATERAL FLEXION**  
Tilt your head towards one shoulder and then slowly towards the other shoulder.



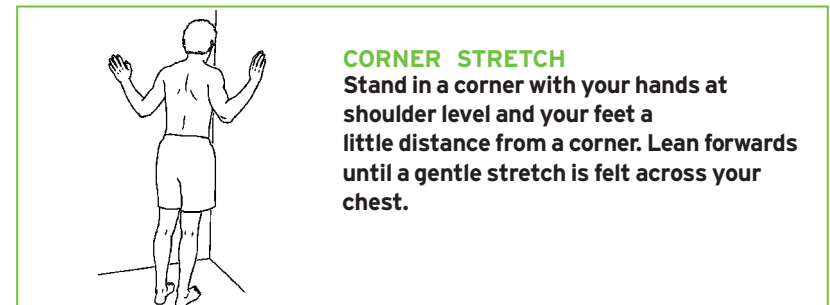
**NECK ROTATION**  
Turn your head slowly to look over your left shoulder and then turn it to look over your right shoulder.



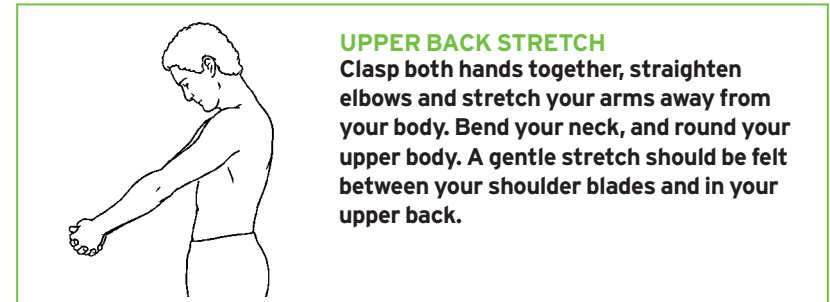
**NECK RETRACTION**  
Gently pull your head straight back keeping your jaw and eyes level.



**UPPER TRAPEZIUS STRETCH**  
Gently grasp the side of your head while reaching behind your back with your other hand. Tilt your head away until a stretch is felt in the neck and possibly down to your shoulder. Repeat on both sides.



**CORNER STRETCH**  
Stand in a corner with your hands at shoulder level and your feet a little distance from a corner. Lean forwards until a gentle stretch is felt across your chest.



**UPPER BACK STRETCH**  
Clasp both hands together, straighten elbows and stretch your arms away from your body. Bend your neck, and round your upper body. A gentle stretch should be felt between your shoulder blades and in your upper back.

## Neck exercises phase 2

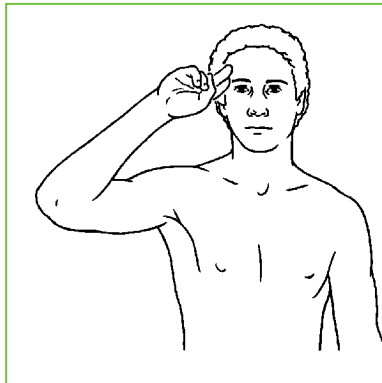
IPRS advise that you start with these exercises as soon as possible after your accident - preferably within the first 48 hours of receiving this guide. It is perfectly normal to feel some pain whilst carrying out these exercises, but

**you should immediately consult your health professional if:**

- Your pain continues to increase
- Your exercise pain persists for hours after the exercises
- Your symptoms persist after 2 weeks.

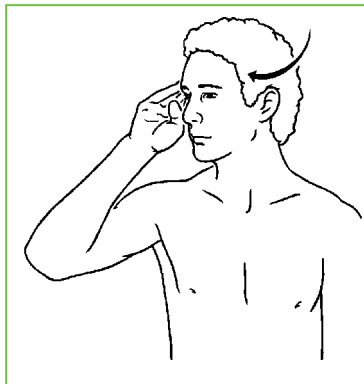
### STRENGTHENING EXERCISES

Do three sets of ten of these exercises. Perform each exercise slowly and controlled, within your comfortable pain zone.



#### ISOMETRIC LATERAL BENDING

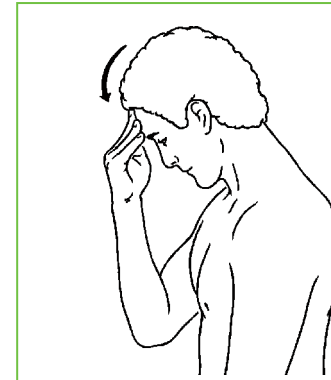
Use light pressure from your finger-tips to resist bending your head from side to side.



#### ISOMETRIC ROTATION

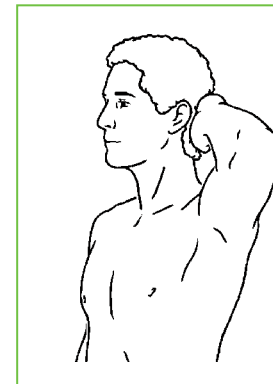
Use light pressure from your fingertips onto the temple/forehead area.

Resist turning your head, and repeat on both sides.



#### ISOMETRIC FLEXION

Use light pressure from your fingertips to resist bending your head forwards.



#### ISOMETRIC EXTENSION

Use light pressure from your fingertips on the back of your head.

Resist bending your head backwards, but rather draw your chin in towards your chest.

## REFERENCES

If you would like further information or have any queries relating to your injury, the following documents are very user friendly:

### **The Whiplash Book**

Burton K Prof, McClune T Prof, Waddell G Prof  
London: TSO, 2002

This book is available from  
[www.tsoshop.co.uk](http://www.tsoshop.co.uk) and  
[www.amazon.co.uk](http://www.amazon.co.uk).

### **Whiplash Neck Sprain**

Prodigy NHS UK, © EMIS and PIP 2005.

This leaflet can be viewed / downloaded from  
<http://www.prodigy.nhs.uk/ProdigyKnowledge/PatientInformation/Content/pils/PL215.htm>

[www.netdoctor.co.uk](http://www.netdoctor.co.uk)

## Contact us

This guide is designed to assist you in the self-management of your injury/condition.

We are here to assist your recovery in the shortest but safest possible time. If you have any uncertainties or queries regarding the information, please do not hesitate to contact us on:

Phone 017890400999 / 07870166861  
[www.mdphysiotherapy.co.uk](http://www.mdphysiotherapy.co.uk)