

For Immediate Release

Tackling a True Pain in the Neck: Whiplash Diagnosis and Treatment
Dr. Daveed Frazier with Atlantic Spine Center explains this common injury and offers tips on medical approaches

West Orange, NJ, May 2016 – The old expression “a pain in the neck” takes on new significance when it’s whiplash that’s causing the problem. A common injury that’s often misunderstood, whiplash should be swiftly diagnosed and treated if those affected want to quickly recover, according to Daveed Frazier, MD, a Harvard-trained, orthopedic spine surgeon at Atlantic Spine Center.

So named because of the whip-like, rapid back-and-forth neck movement that causes it, whiplash most often results from a rear-end auto accident but can also stem from sports accidents or other trauma. About 120,000 cases occur in the United States each year, and most people recover within a few months after diligent treatment, Dr. Frazier says. But the injury can trigger significant effects on the spine.

“When a person’s head is forcefully and quickly thrown backward and forward, it can injure bones in the spine, ligaments, muscles, nerves, vertebral discs and other tissues of the neck,” explains Dr. Frazier, who is a board certified, fellowship-trained spine surgeon. “It’s crucial to get a prompt and accurate diagnosis and to rule out fractures or other tissue damage that can contribute to symptoms.”

Tips on Diagnosis; physical exam, imaging tests

How is whiplash diagnosed? First, doctors assess a patient’s symptoms, which typically develop within 24 hours of an injury. According to Dr. Frazier, they include:

- Neck pain and stiffness
- Headaches, usually starting at the base of the skull
- Worsened neck pain with movement
- Loss of range of motion in the neck
- Tenderness or pain in the shoulder, upper back or arms
- Tingling or numbness in the arms
- Fatigue
- Dizziness

In addition to asking symptoms, a whiplash diagnosis usually includes a physical exam where a patient’s range of motion, pain and tenderness in the neck and shoulders is assessed along with the reflexes, strength and sensation in their limbs. But imaging tests are often used as well to rule out other conditions contributing to neck pain. These tests include:

- X-rays of the neck, which can pinpoint fractures, dislocations or arthritis
- CT (computerized tomography) scans, which takes cross-sectional images of bone and reveals details of any bone damage
- MRI (magnetic resonance imaging), which produces 3-D images that can detect bone or soft tissue injuries

“It’s not always simple to correctly diagnose whiplash, but it’s always necessary in order to minimize the effects and keep them from lasting longer than they should,” Dr. Frazier says.

Tips on Treatment; beyond cervical collars

Soft foam cervical collars were once the standard treatment for whiplash in order to hold the neck and head still. But nowadays, such collars are used less frequently or for shorter periods of time, Dr. Frazier explains. “It’s believed that immobilization in the long term weakens neck muscles and increases the risk of long term stiffness.”

“More recent research has indicated that immobilizing the neck for prolonged periods actually slows the healing process,” he says. “It’s important to gently, carefully restore the neck’s full range of motion when

there's no evidence of underlying spinal alignment problems or ligament damage. Today the mainstay of treatment is mobilizing the spine as soon as possible.”

Whiplash treatment may also include a combination of:

- Ice or heat application
- Over-the-counter and prescription painkillers
- Muscle relaxants
- Injections of numbing medicine into painful muscles

Physical therapy can be an important part of recovering from whiplash, Dr. Frazier notes. A physical therapist will teach patients exercises that include rotating the neck, tilting the head from side to side, bending the neck toward the chest and rolling the shoulders. “The goal is to create a customized routine that can eventually be done on your own until your range of motion without pain is restored,” he says.

Preventing whiplash may not be possible, since car accidents are, by definition, accidents. But one thing most people can do is position their car's head restraint – designed to prevent the head from snapping backwards in a crash – into the correct position, which is directly behind their head while seated.

“Patients need to understand that whiplash is a real injury that needs timely diagnosis and treatment, but that nearly everyone will be able to fully recover,” Dr. Frazier says. “No one wants a pain in the neck to stick around.”

Atlantic Spine Center is a nationally recognized leader for endoscopic spine surgery with several locations in NJ and NYC. <http://www.atlanticspinecenter.com>, www.atlanticspinecenter.nyc.

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