

Integrated Approach to Whiplash Following and Sequelae

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Course Objectives and Content

The Whiplash Injury is a real clinical picture of varying complexity. It is not limited exclusively to the attack of the cervical spine which is too often assimilated to.

This course is the development of a book written with Jean-Pierre Barral: Osteopathic Approach to Traumatism, published in 1997 and translated into many languages. It is also based on more than 35 years of experience in daily clinical practice. As a result, particular emphasis will be placed on practice. However, some fundamental theoretical notions will also be addressed.

- Reminders of physics notions of inertial trauma; bodily consequences of this type of trauma.
- Elements of pathophysiological understanding of Whiplash sequelae.
- Diagnosis and behavior in front of an Early Stage Whiplash Injury.
- Diagnosis and behavior in the aftermath of Whiplash Injury sequelae:
 - Identification of sequential clinical pictures in current practice;
 - Manual diagnosis;
 - Treatment of different levels of sequelae:
 - Neuro-meningeal
 - Visceral & vascular
 - Cranio-sacral
 - osteo-articular
- Integrated therapeutic approach: reasoned treatment and therapeutic strategy, elements of prognosis.

Description

A problem

Which therapist never felt clueless about not finding a lasting solution for one of his patients?

What to do when one finds recurrences of somatic dysfunctions from one consultation to another when one is convinced of having correctly executed his techniques during the previous consultation?

How often do we face patients who go from therapist to therapist and desperate to find lasting relief?

Behind all these questions is often hidden a word: Whiplash ...

A wound

The term Whiplash was originally applied to a traumatic mechanism by inertia effect in a motor vehicle collision.

Typically it occurs during a crash at the rear of the vehicle. The head and the neck, free, are abruptly mobilized compared to the lower part of the body, under the effect of a sudden change of direction of the acceleration.

The Whiplash Injury is the damage that results from this mechanism. However, there are many other traumatic circumstances that can produce comparable effects to this classic rear-end collision mechanism.

The Whiplash Injury concept is almost always associated with an exclusive symptomatology: neck pain. As a result, many therapists are attracted by the cervical spine and concentrate all their efforts on it.

But the cervical spine represents only the tip of the iceberg and cannot summarize by itself the consequences of Whiplash. By going too fast and too exclusively on this region, one can easily miss the deeper and more global mechanical consequences that explain the instability of the results and the numerous recurrences observed.

A concept

The meaning of the word “Whiplash” and related concepts differ greatly for an orthopedist and an osteopath. As a result, the understanding of injuries caused by this mechanism is not the same in traumatology and osteopathy.

Osteopathy, by its global understanding of the patient, gives a different reading of the classic medical vision, often fragmented into different specialties.

In our experience, a Whiplash Injury always involves multiple levels. It is a complex syndrome, where the dysfunctions are nested like the Russian Dolls. Apart from osteo-articular involvement, there is also an impact on the neuro-meningeal system, on certain visceral attachments, on large vessels and even on intraspinal pressure ...

Polymorphic Symptomatology

Whiplash is usually wrongly associated with only one symptom: neck pain.

In fact, the real nature of Whiplash is to produce various symptoms. They are usually recurring. For example: certain headaches and migraines, positional vertigo, tinnitus, neuralgia, sleep disorders, visual disturbances ...

Also add somatic pains that alternate between two or more anatomical regions: neck, shoulders, lumbar region

Conventional manipulative treatments targeted to painful areas only temporarily improve the symptoms without providing the patient with lasting relief.

A Particular Approach

Sometimes denied, sometimes accused of all ills, the after-effects of whiplash continue to fuel reflections and discussions in the osteopathic environment.

Their day-to-day care is still too often a question for many practitioners. Given the complexity of some clinical pictures, the temptation of a symptomatic response or partial treatment is great!

This seminar will make it possible to take stock of the consequences that this kind of traumatism can have on the various systems of the organism. Our approach will integrate the main levels involved in a whiplash.

A diagnosis

The focus will be on the practice of diagnosis in daily clinic.

Whiplash trauma causes a conjunction of dysfunctions that interact with each other. They need to be identified precisely to have a chance to allow the patient to rebalance.

We will see how to behave in front of a recent Whiplash: Know when it is possible to intervene, what are the contraindications, what are the deadlines to respect according to the degrees of the initial attack, what are the means that can be implemented.

For the sequelae of Whiplash there are two main scenarios:

- The patient may be aware that his / her symptoms are related to trauma, the cause-and-effect relationship is relatively easy to establish and the diagnosis of sequelae is easier.
- In many cases, when the trauma is older, the patient is not even aware that a traumatic event is the cause of his symptomatology. It is then necessary to have a rigorous examination to evoke this possible etiology.

We will see that only a search for objective signs can allow us to make an accurate diagnosis and to affirm if, whether or not, a patient is carrying a sequelae of Whiplash Injury. The diagnosis should allow us to understand the extent of the lesions and dysfunctions.

A treatment

We will see the various possibilities of therapeutic action available to us in order to try to relieve the patients carrying this type of sequelae. Only correction and treatment of the levels involved in the trauma mechanism can achieve stable and lasting results.

The timing of treatment is also important. Give the body time to rebalance and know how to inform the patient. Logically, the longer the sequel is old and more time for recovery will be long!