

# WHIPLASH!



*Helpful and effective  
treatment with  
Neuromuscular Therapy*

*Therapeutic Massage by Lucy*

*Lucy Dean, LMT, NMT, MMT*

## ***What does Whiplash mean?***

Whiplash is a non-medical term used to describe neck pain following an injury to the soft tissues of your neck (specifically ligaments, tendons, and muscles). It is caused by an accidental motion or force applied to your neck that results in movement beyond the neck's normal range of motion. Whiplash is an acceleration-deceleration mechanism of energy transfer to the neck. The impact may result in bony or soft-tissue injuries (whiplash injury), which in turn may lead to a variety of clinical manifestations (Whiplash - Associated Disorders -WAD). Whiplash happens in motor vehicle accidents, sporting activities, accidental falls, and assault. . Signs and symptoms may occur immediately or minutes to hours after the initial injury. The sooner after the injury that symptoms develop, the greater the chance of serious damage.

The most frequent cause of whiplash is a car accident. Surprisingly, the speed of the cars involved in the accident or the amount of physical damage to the car may not relate to the intensity of neck injury. Speeds as low as 15 miles per hour can produce enough energy to cause whiplash in a passenger in your car, whether or not they are wearing a seat belt.

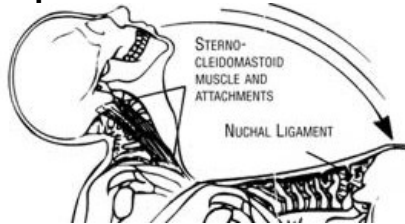
- Other common causes of whiplash include contact sport injuries and blows to the head from a falling object or someone punching you.
- Repetitive stress injuries or chronic strain involving the neck (such as using your neck to hold the phone) are a common, nonacute cause.



**Injury abuse, particularly that involves being shaken, can also result in this injury as well as in more serious injuries to the one's brain or spinal cord.**

- **Chest area pain**
- **Feeling “wobbly”**

### **Basic Whiplash**

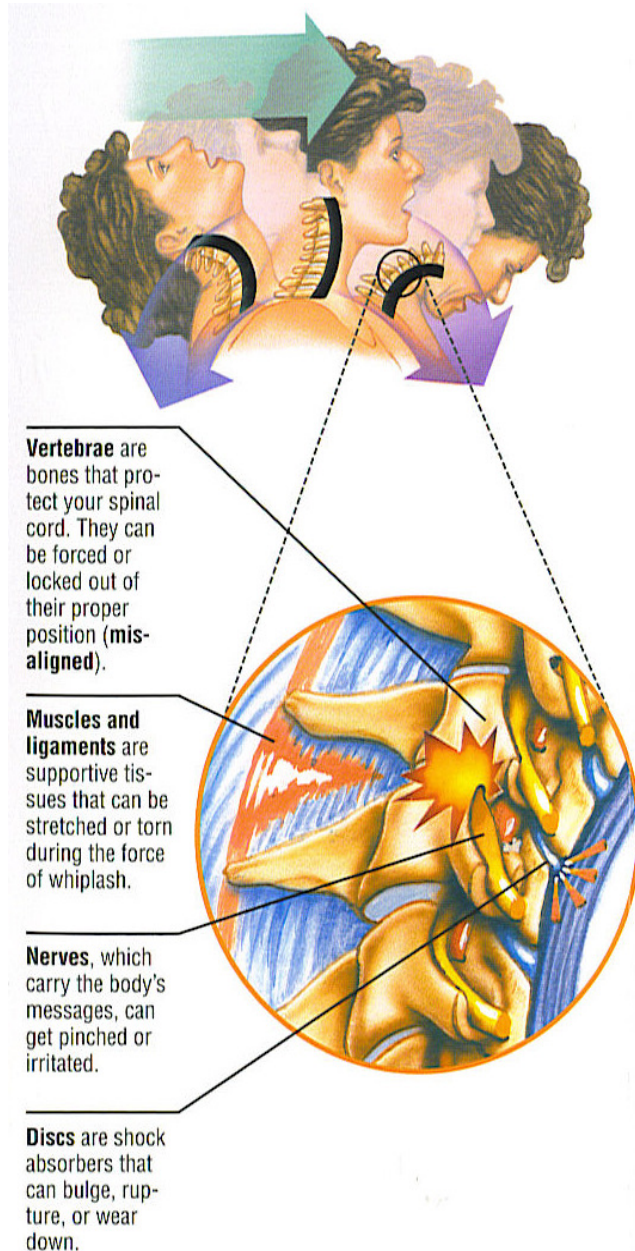


### **Symptoms**

- **Neck pain and/or stiffness**
- **Neck swelling**
- **Muscle spasms**
- **Difficulty moving your neck around**
- **Blurred vision**
- **Difficulty swallowing**
- **Irritability and frustration**
- **Fatigue**
- **Dizziness**
- **Pain between the shoulder blades**
- **Tenderness along the back of your neck**
- **Pain in the arms or legs, feet and hands**
- **Headache**
- **Low back pain and/or stiffness**
- **Shoulder pain**
- **Nausea**
- **Ringing in the ears**
- **Vertigo**
- **Numbness and tingling**
- **Pain in the jaw or face**
- **Depression**
- **Difficulty moving neck or shoulder**
- **Mild lethargy**
- **Increased nervousness**

## The Whiplash Injury

. Although the mechanism is well understood, the actual pathology is not well defined. Most injuries occur to the neck muscles. As well, there may be straining or cartilaginous injuries to supporting structures of facet and apophyseal joints. Injury can occur to anterior and posterior longitudinal ligaments. Esophageal and laryngeal damage has been reported. There are alleged injuries to the brain. Injury may occur to the TMJ (temporomandibular joint) and to the low back. In the text "Spine: State of the Art Reviews" (7.3 - September 1993), it states "myofascial pain is a poorly understood clinical entity despite the fact that it may account for the majority of persistent neck, head and upper thoracic pain following whiplash injury... the trigger point is regarded as characteristic feature of myofascial pain. Myofascial trigger points are circumscribed (2-5 mm in diameter), self-sustaining, hyperirritable foci of tenderness reported to be located within a taut band of musculoskeletal or its associated fascia. Compressing this hyperirritable focus is locally painful and may give rise to characteristic referred pain, tenderness, and autonomic phenomenon. The area of pain referral, which is surprisingly consistent, is termed the 'zone of reference'. Myofascial pain is thought to result from an acute muscle strain or overload that occurs at the time of impact. One hypothesis is that a small area of neuromuscular irritability develops and becomes self-sustaining. A tender point may then develop in a band of contracted muscle. Patients recognize certain factors as aggravators of myofascial pain. Aggravating factors are usually related to activities or postures that cause contraction of involved muscles. Alleviating factors generally attribute to relaxation of the involved muscles".





### ***What does whiplash feel like?***

The most frequent complaints are headaches and stiffness in the neck and the back of the head. These symptoms appear within the first couple of days after the accident and usually pass after a few days to a few weeks. Occasionally, problems last for months.

Sixty-six to seventy percent of those suffering from whiplash complain of headache. The pain may be on one side or both, on again off again or constant, in one spot or more general. These headaches, like the neck pain, are often the result of tightened, tensed muscles trying to keep the head stable and, like tension headaches, they are often felt behind the eyes.

Shoulder pain often described as pain radiating down the back of the neck into the shoulder blade area, may also be the result of tensed muscles.

Muscle tears are often described as burning pain, prickling or tingling. More severe disc damage may cause sharp pain with certain movements, with or without radiation into the arms, hand and fingers, which are relieved by holding your hand over your head.

For most patients, the symptoms of whiplash usually subside in 2 to 4 weeks. If symptoms continue or worsen after 6 to 8 weeks, further x-rays and other diagnostic testing may be necessary to see if you have suffered a more severe injury. Severe extension injuries like whiplash can damage the intervertebral discs. If

this occurs, surgical repair of the discs may become necessary. 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-or longer.

Research has shown that whiplash patients who rest for several weeks and wear a soft collar actually recover more slowly than those who try to follow a normal routine.

Patients with acute pain in the cervical region of the spine are advised to start their neck exercises as soon as possible and to get out of bed within two to three days. Staying mildly active is important.

Persistent/chronic pain is not merely acute pain that persists over time; changes occur at different levels of the pain transmission system. Chronic whiplash-associated disorders are associated with problems concerning social functioning, daily anxieties and satisfaction with different aspects of life. Adequate information, advice and possibly pain medication together with active interventions might be more effective in the acute stage. Early multidisciplinary rehabilitation focusing on cognitive-behavioral changes might be of value. NMT assistance could be of value after the initial acute phase. NMT works to release tissue restrictions, treat trigger points, stretch and realign the myofascia, decrease the possible development of scar tissue or adhesions-or release them if they do manifest, stretch your extremities to increase range of motion, and suggest exercises to strengthen weak muscles. NMT treatment sessions also can greatly aide in pain reduction, general relaxation, and quicken the return of normal mobility.



## ***Whiplash syndrome***

A few people develop continuing symptoms after a whiplash trauma and develop what is known as whiplash syndrome. They suffer continual headaches and pain, reduced movement at the back of the neck, tingling in the arms, lumbar pains, fatigue, sleep disruptions and reduced libido.

Whiplash syndrome is difficult to treat. The essence of the treatment is to prevent any further strain and encourage a quick return to normal everyday activities. Unfortunately, in a very small number of people who have experienced a severe whiplash injury, symptoms can persist for months or even years before settling and even then there can even be residual long-term neck discomfort. Treatment decreases this scenario.



## ***Where Do I Go For Help?***

***There are many choices for care. Medical evaluation and xrays ought to be done soon after injury to rule out the need for surgical intervention.***



◀ **X-ray of a healthy neck**



**X-ray of a whiplash injury** ▶

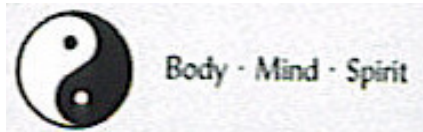
***Chiropractic treatment can be very helpful to realign your vertebrae, which is often displaced. This can greatly decrease pain and postural distortions.***

***But then there's the soft tissue component-muscles, tendons, and ligaments. A Neuromuscular therapist treats this aspect of your care. Chiropractic and surgery do not handle this issue. Neuromuscular therapy massages can help reduce muscular spasms, work with strained tendons and ligaments, reduce pain, aide in stretching, and assist with exercises. Regular sessions help speed recovery, and avoid many of the common complications post injury. It's a good idea to do.***

## ***What should you do?***

***Be responsible! When an injury occurs, seek care. Have diagnostics done to rule out serious issues. Attend your treatment sessions. Rest; then progress to active participation in returning to your best. When appropriate, you will be instructed on exercises to***

*assist you in mild stretching, and strengthening your hurt muscles. This might seem too simple to you, but it is a very necessary part of whiplash rehabilitation. Your cooperation in the homecare process is vital to returning to normal again, and avoiding complications like Whiplash syndrome. Do actively take care of yourself. You want to feel good again.*



## **About Neuromuscular Therapy**

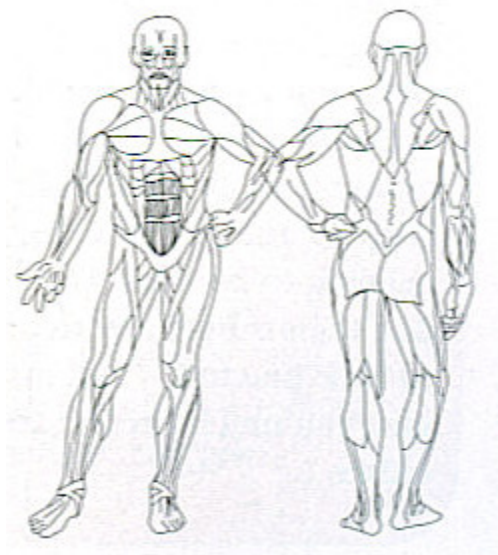
*Neuromuscular therapy is defined in the student manual at the Academy of Somatic Healing Arts as:*

*“Neuromuscular Therapy (NMT) is a scientific theory based on recognized physiological laws and associated principles. The goal of NMT is to achieve homeostasis between the nervous and musculoskeletal systems. It combines the scientific applications of properly applied pressure, gentle ranges of motion and stretches for the purpose of relieving pain, normalizing muscle tone, restoring postural balance and achieving restorative benefits for the entire system”.*

*NMT is a form of massage therapy that is beneficial in treating a variety of pain issues, diagnoses, and structural imbalances.*


*Neuromuscular therapy techniques are not experimental. Many years of research have been devoted to this work. Although different than a general massage, your treatment sessions may consist of Swedish massage, gentle ranges of motion and stretching, myofascial release, heat or cold applications, slow gliding strokes, various pressures, and NMT protocols. Treatment will include a plan of care for that session, and any continued care. Problems may resolve in just one treatment, or, more likely, will probably require several sessions. NMT massage care is goal-outcome oriented. Suggestions may be given for exercises or stretching for you to do, modifications for your workstation, or vitamin, mineral, and nutritional supplementation. It is also very important to drink water after NMT work has been done, as some of the work is deep tissue and can facilitate tissue detoxification. Drinking plenty of water helps to flush this out.*

*Neuromuscular Therapy sessions are a little bit different than a typical massage session. Your therapist will assess you by means of your complaints, history, medical diagnosis, injuries, activities, and by taking measurements. Testing may include evaluating your posture, range of motion, testing muscle strength, observing how you walk, visual assessment, measuring your hip height and pelvic alignment, and by how your muscle tissues feel. Because this is a different form of bodywork, ask questions about your therapist' findings, and what is being done to you. Always understand what is happening to your body and why. Communication with your therapist is very important before, during, and after treatment.*



*Sessions available at these locations:*

*Georgetown Office Community  
17766 Preston Rd. #108  
Dallas, TX 75252*

ASSOCIATED  
**Bodywork  
& Massage**   
PROFESSIONALS

*Therapeutic Massage by Lucy*

*Lucy Dean, LMT, NMT, MMT*

*469-231-2911*

*massagebylucy@verizon.net*

*www.massagebylucy.com*

