

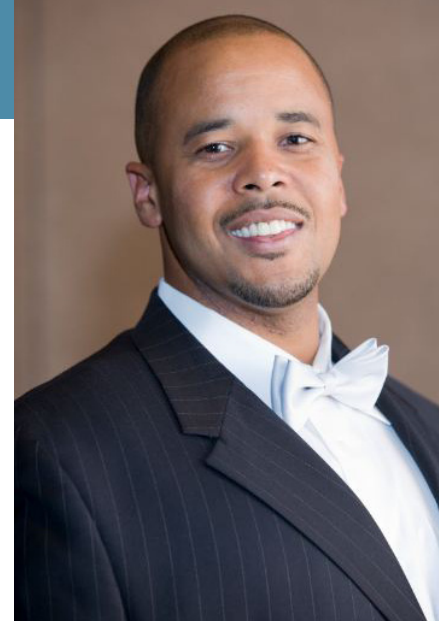
FEATURING THE LATEST IN EVIDENCE-BASED
MUSCULOSKELETAL CARE

NEWSLETTER • VOLUME 1 ISSUE 1

Inside This Issue: Whiplash!

Whiplash.

What's *Really* Is The Best Treatment?



Pain 2 Wellness Center

Dr. Winston Carhee Jr. DC, CCSP
Dr. Chantaye Evans-Carhee DC

Promenade Park

3915 Cascade Road Ste 220
Atlanta, GA 30331
PH: 404-699-0699
FX: 404-699-0988
Mon Wed Fri: 9:00am-7:00pm
Thurs: 1:00pm-7:00pm
Sat: 10:00am-1:00pm
winston@carhee.com

This newsletter has been provided to you free of charge in the efforts to establish a working relationship with your practice. We hope the information is valuable for your practice, and we look forward to assisting your firm.

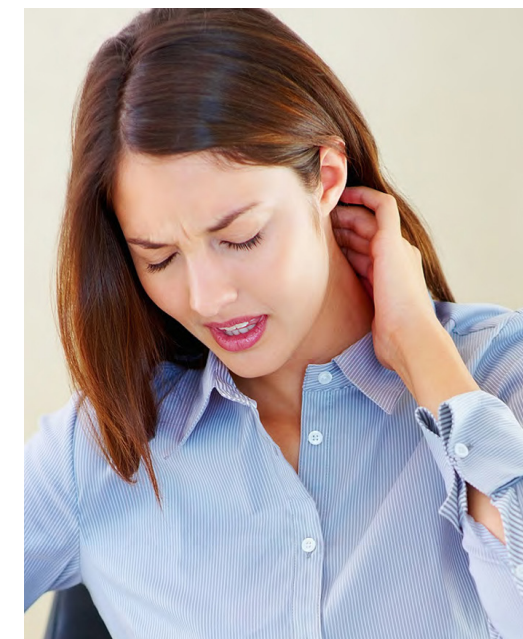
FEATURING THE LATEST IN EVIDENCE-BASED
MUSCULOSKELETAL CARE

NEWSLETTER • VOLUME 1 ISSUE 1

Whiplash: What Treatments Are Most Effective?

This month, I want to discuss a topic that is hotly debated in physical medicine circles: whiplash. Although whiplash and whiplash associated disorders (WAD) are very commonly seen in outpatient settings, the guidelines as to what the best management options are can be difficult to wade through. A landmark study published in the February 2008 issue of Spine examined the evidence that exists to guide treatment of whiplash, acute neck pain and chronic neck pain.

(continued on pg. 2)



Source: Hurwitz, et al. Treatment of Neck Pain: Noninvasive Interventions, Results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. Spine; 2008; S123-152

Whiplash: What treatments really are most effective?

When evaluating any research in the field of musculoskeletal medicine, it can be difficult to control for con-founding variables. In a clinical practice setting it is common to have multiple modalities utilized at once during a course of treatment.

With whiplash injury, for example, a patient might receive spinal manipulation, ultrasound, therapeutic exercises, and



massage therapy. In cases like this it can be exceptionally hard to determine which intervention had the most beneficial effect.

This is why meta analysis studies such as the one published in Spine are so useful, as they allow us to review a very broad compilation of data. Since interventions are rarely used in isolation in real world clinical settings this proves exceptionally helpful.

One finding of particular note was the fact that the use of passive modalities alone was not of much value. This fact should influence the type of treatment you recommend for your patients who have been injured in car accidents more than perhaps any other aspect of the report.

If your patients are being referred to clinics that only utilize passive modalities such as ultrasound, electric muscle stimulation, mechanical traction, or TENS, they are not receiving the maximum benefit, and their recovery time will not likely be optimized.

Another important discovery was the lack of efficacy of cervical collars in the treatment of whiplash injury. Rather than facilitating healing, long term immobilization of the cervical spine can lead to scar tissue, adhesions, and diminished long term range of motion. This is why the early use of mobilization and/or manipulation are critical in ensuring ideal outcomes with whiplash injuries.

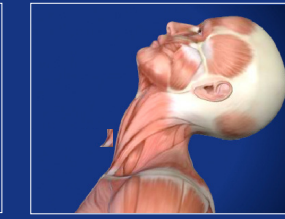
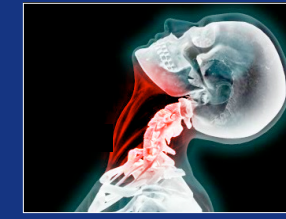
RESEARCH SUMMARY

- Interventions were ranked as likely helpful, possibly helpful, likely not helpful, or not enough evidence to make any determination.
- For acute whiplash associated disorders, the most beneficial interventions were mobilization (manual therapy, manual traction, soft tissue mobilization), exercise, and educational videos.



- Non whiplash related neck pain was also studied. Best treatments for neck pain included spinal manipulation, mobilization, exercise, acupuncture, and low level laser therapy.
- Multi-disciplinary management of whiplash was associated with quicker resolution of the condition when compared with usual care.
- There was evidence that multi-disciplinary care resulted in less cost than usual care for whiplash.

Whiplash: Hyperextension-Hyperflexion Injury



HYPEREXTENSION

HYPERFLEXION

- The use of passive modalities (ultrasound, electric muscle stimulation, TENS) alone was considered likely not helpful.
- Cervical collars were also found to not effective in decreasing the frequency or intensity of pain. Meta-Analysis

This study holds even more weight in that it was a metaanalysis of the musculoskeletal literature. The conclusions that were arrived at in Spine article can be held to a higher standard, as they represent the results of hundreds of studies.

CLINICAL PEARLS

Spinal manipulation and other manual therapies play an important role in the treatment of both neck pain and whiplash. A chiropractic physician trained in handling motor vehicle accident cases will be an asset to your patient's recovery. This study further underscores the importance of a multi-disciplinary approach to care. We work in con-junction with a team of skilled specialist to ensure the speediest recovery possible.

It is also important to make sure that the musculoskeletal practitioners you use (PTs, DCs, massage therapists, etc) are not simply using passive modalities alone. These have value, but must be combined with manual approaches and active care.

We work together to provide your patient's with the highest level of care. At our office we believe that patients are best served when all of their doctors are working together as a team to coordinate their care.

Our focus is on the treatment of musculoskeletal conditions, and our goal is to help your patients move better, function better, and live with less pain. We utilize a variety of conservative, non-surgical therapies to achieve this goal.

Please contact us with any questions or suggestions you have as to how our offices could work together for mutual benefit.

OUR OFFICE

At our office we value the trust of the physicians in the community we manage patients with. When you refer a patient for treatment at our office:

- You will receive prompt updates on their diagnosis and treatment plan.
- Your patients will be given a trial course of care to determine if our office is a good fit for them, not a year long treatment plan.
- We treat all of our patients the way we would like our family treated. This means a warm, caring atmosphere where we will



Dr. Winston Carhee Jr. DC, CCSP

Dr. Chantaye Evans-Carhee DC