



# Injury Briefing

A review of the latest studies from Dr. Michael D. Berry.

## Alarming Number of Whiplash Patients Face Chronic Disability

A new study<sup>1</sup> published in the journal *BMC Public Health* suggests that patients with whiplash-associated disorder may have slower return-to-work rates compared to people with other musculoskeletal injuries.

It's estimated that between 19-60% of whiplash patients still suffer from symptoms six months after the injury, and up to half fail to return to work within a year. Researchers from the University of Copenhagen sought to see whether these high rates of chronic pain affect return-to-work rates in whiplash patients.

The study included 104 adults with whiplash and 3,204 individuals with other musculoskeletal disorders like back pain. All the participants had been listed for sick leave for at least eight weeks prior to the start of the study. The researchers conducted follow-ups at 26 weeks, one year, two years, and three years after the patients were initially listed for sick leave.

### Whiplash Study Results

Patients with other musculoskeletal disorders returned to work sooner than those with whiplash-associated disorder.

Return to Work	Whiplash	Other Musculoskeletal Disorders
Week 26	18%	43%
1 year	34%	51%
2 years	44%	57%
3 years	43%	57%

These rates are higher than what has been found in earlier research. In a 2001 study,<sup>2</sup> only 12% of whiplash patients had not resumed their normal activities one year after the injury. However, patients were not required to be sick listed to participate in this study, so it is likely that the sample included those with less debilitating injuries.

Still, this latest research from the University of Copenhagen suggests that patients who are sick listed within the first two months of their injury can expect a poorer prognosis than patients with other musculoskeletal disorders.

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“These findings suggest that an active rehabilitation is important to sick-listed individuals with WAD at an early stage of the process,” the researchers wrote. Active rehabilitation, such as chiropractic care and exercise therapy, can improve the likelihood that a patient fully recovers.

*Biering-Sørensen, et al. The return-to-work process of individuals sick-listed because of whiplash-associated disorder: a three-year follow-up study in a Danish cohort of long-term sickness absentees. BMC Public Health 2014; 14:113 doi:10.1186/1471-2458-14-113.*

*Kasch H, Bach FW, Jensen TS: Handicap after acute whiplash injury: a 1-year prospective study of risk factors. Neurology 2001, 56:1637-1643.*

## **Neck Adjustments Effective for Cervicogenic Headache**

A recent study<sup>1</sup> included a meta-analysis of six randomized, controlled trials on the effects of manual therapies for CGH. The interventions assessed included therapist-driven cervical manipulation and mobilization (neck adjustments); self-applied cervical mobilization; cervico-scapular strengthening; and therapist-driven cervical and thoracic manipulation.

Patients in all but one study reported a reduction in disability and pain after these treatments, as well as an improvement in function. The researchers found that a combined treatment of therapist-driven cervical manipulation and mobilization, along with strengthening exercises, were the most effective for minimizing pain.

These results add to previous research<sup>2</sup> demonstrating the efficacy of a combined chiropractic and exercise treatment for cervicogenic headache. Chiropractors can assist in the proper diagnosis and management of cervicogenic headache after whiplash or other personal injuries.

1. *Jull G, Trott P, Potter H, et al. A randomized controlled trial of exercise and manipulative therapy for cervicogenic headache. Spine 2002; 27(17):1835-1843.*
2. *Raciccki S, et al. Conservative physical therapy management for the treatment of cervicogenic headache: a systemic review. Journal of Manual and Manipulative Therapy 2013; 21(2): 113-124.*