

Research Update on Whiplash Diagnosis and Treatment

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Part Two of Two

What treatments are available for SNI patients?

Treatment for SNI depends on the cause. As discussed, there are several distinct types of injury. It would naturally follow then that each would have a different treatment strategy. Research in this area is generally sparse. This is likely because most treatment based research is sponsored by the pharmaceutical or medical device companies and there exist few drugs or devices designed specifically to treat SNI. However, more research is published every day:

Conservative care includes physical therapy, chiropractic, and massage has limited evidence to support efficacy.ⁱ In all fairness, some of this is due to the fact that these treatments are very difficult if not impossible to blind and there is little corporate support for research. Anecdotal experience shows that this type of care can be effective and the literature is rife with case studies. In my own opinion, we see many patients that benefit from these treatments. However, for the more serious SNI cases, these treatments usually provide temporary relief.

- Chinese acupuncture has shown some promise in treating balance problems related to SNI.ⁱⁱ There are numerous non randomized case series showing efficacy.^{iii iv v vi vii} Again, in our experience, most serious SNI patients only experience temporary relief. As such, we will usually teach patients to treat acupuncture points at home with a needle less electrical stimulator. This is often effective in reducing their medication usage.
- More specific neck strengthening (MCU). Little research exists for this newer way to strengthen the neck, but our early data is very promising. This machine helps to identify specific weak areas and then focuses on specific strengthening for those areas.
- Trigger point needling. This technique involves the needling of muscle motor points. It is very different from acupuncture or trigger point injections with anesthetic. Positive evidence exists for patients with chronic low back pain. We have found the Gunn IMS technique very helpful. In our practice (where our average patient has already failed chiropractic, physical therapy, acupuncture, massage, medications etc...) approximately 50% of our patients report significant long-term relief with this technique. As such we are in the process of supporting this with research. For more information see www.istop.org.
- BoTox/MyoBloc (Chemodenervation). Some research showing efficacy.^{viii ix x} Our own experience has been good. This involves injecting muscle motor points with a long-term muscle relaxer called BoTox. (This product is well known as a way used to reduce wrinkles.) One drawback is the cost of the medication (about \$700 a vial). The procedure lasts about 3 months.
- Facet injections, medial branch blocks, radiofrequency treatment. Very good evidence showing efficacy.^{xi xii xiii xiv} This procedure involves injecting anesthetic and anti-inflammatory into the damaged neck joints or numbing the nerves that take pain from those joints. If this procedure produces temporary relief, then radiofrequency which is a more permanent treatment can be performed. This procedure involves placing a needle like probe near the nerve carrying pain signals. We use a non-traumatic procedure called pulsed radiofrequency. In most patients, this lasts for about a year. Additional studies have shown improvement in psychological affect with this procedure.^{xv}
- Radiofrequency treatment of injured DRG's. This is a relatively new area to the SNI arena. New research on outcomes will soon be available. The results in our clinic show promise. We are one of the few clinics using this technology. It involves treating some of those injured nerves in the neck without surgery. As above, a needle like probe is inserted and a small electromagnetic pulse is delivered which resets the nerve back to carrying more normal amounts of pain.
- Proliferant and Regenerative Injection Therapy. This has been used for many years with newer research supporting it's efficacy in a wide variety of joints and areas.^{xvi xvii xviii xix xx xxi xxii} In

addition, we have just submitted research in this area. We find that we can restore damaged neck ligaments with this technique.

In summary, the term whiplash needs to be retired. Many patients with chronic pain after crashes have a serious neck injury and can obtain a specific diagnosis. Once a diagnosis is rendered, then specific treatment can follow. Our understanding of how to effectively treat SNI patients grows by leaps and bounds every year.

We welcome investigation of the searchable links available in the complete article available online at <http://www.spinalinjuryfoundation.org/profpublication.htm>

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