

# Health Notes

## Whiplash

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This winter we have had more patients complaining of injuries from auto accidents than in any winters past. When we consider our over-traveled roadways, and this winter's harsh road conditions, it is no wonder.

Every year in America, accidents involving motor vehicles account for over three million deaths or injuries. The injuries experienced in an auto accident often heal quickly. In some cases, injuries resulting in impairments or disabilities may never resolve. There can be both physical and emotional residuals following these types of accidents.

The most commonly affected area of injury in an auto accident is the neck and upper back, referred to respectively as the cervical and upper thoracic spinal regions. The dynamics of this type of injury are clearly understood but the extent and type of injuries vary greatly.

Injuries are most commonly experienced in what is referred to as the "soft tissues." These are the muscles, ligaments, and discs. X-ray, CT scans, and even MRIs do not always identify the damage sustained by these structures. Muscles move bones, ligaments attach bones to bones, and discs are cushion-like structures that allow for smooth spinal movement.

The injuries experienced in an auto accident result in a group of signs and symptoms classically referred to as "whiplash." These symptoms include neck pain and stiffness, headaches, pain in the shoulder or between the shoulder blades, pain or numbness in the arm and/or hand, dizziness, ringing in the ears, blurred vision, difficulty concentrating or remembering, irritability, sleep disturbances, and fatigue.

The extent of the damage, and which structures are injured, will dictate the exact treatment required. However, ice is important for at least the first 48 hours, followed by gentle active movement. In the past, cervical collars were always used. Currently they are no longer routinely prescribed.

Some of the treatments used in our office for whiplash are ultrasound, electric stimulation, active and passive exercise, nutritional considerations, and spinal manipulation utilizing traditional and low-force techniques. Again, what treatment course is selected depends on the exact injury.


Diagnostic testing such as X-rays, CT scans, and MRIs are frequently prescribed by a treating doctor. Each has its benefits and limitations and should be utilized appropriately.

The post-graduate training I received in the treatment of whiplash injuries and accident reconstruction that allows me to treat patients with this syndrome also

allows me to examine injured accident victims for the insurance companies themselves. This has afforded me a great opportunity to develop a unique insight into whiplash injuries.

The most important thing a motor vehicle accident victim can do is to see a doctor. The quicker you get help the better. Waiting to get treatment will allow adhesions to form between tissues, which can limit range of motion and increase localized tenderness, aches, and pains. When this occurs, there is a great likelihood for a permanent and chronic condition to develop. Studies show that nearly 20% of whiplash victims will develop some sort of chronic recurring condition.

Discuss your condition with your doctor. Ask questions and seek answers. If the doctor feels there is a likelihood of permanency, or you miss a significant amount of work due to your injuries, ask your doctor for names of lawyers he has successfully worked with in the past. I give names of two or three lawyers and let the patient choose. This is an important factor so that no one can be accused of collusion. Do not choose your lawyer first! It amazes me how many people see their lawyer first and then seek treatment. This is backwards. There is time to find a lawyer; don't delay in seeking care.

Drive carefully and defensively... the accident you avoid could be yours! 

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