

- Whiplash or Traumatic cervical syndrome

Pathophysiology

WHY IS WHIPLASH TRAUMATOLOGY A PROGRESSIVE DISEASE STATE?

Hypertranslation forces the cervical segments beyond their physiologic limits in a few milliseconds

- Whiplash is a Hypertranslation forces the cervical segments beyond their physiologic limits in a few milliseconds, causing tissue failure during the initial phase of the energy transfer and resulting in shearing and compression forces on the discs and zygapophyseal joints.
- **Traumatic cervical syndrome** comprises the various symptoms that occur as a result of external force such as that of a traffic accident.
- In 1995, the Quebec Task Force on whiplash-associated disorders (WAD) formulated the Quebec classification, with accompanying clinical practice guidelines. These guidelines for the most part were not supported by clinical research.
- So, What is Whiplash/Traumatic Cervical Syndrome?
- **Traumatic cervical syndrome** is defined as the “biological and neurological consequences for the cervical spine and nervous system caused by neck trauma, and is a syndrome comprising various symptoms of the motor and nervous system but also mental, neurological, as well as otological and visual balance dysfunction”

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Common Symptoms

Symptoms and Evaluation

A patient who presents with acute whiplash generally complains of:

- neck pain (90-100%)
- restricted neck range of motion (40-95%)
- headaches (50-90%)
- referral into the shoulder and arm (40-70%)
- radiating symptoms (10%)
- hand paresthesias (10-15%)
- upper extremity paresthesias (45%)
- back pain (35%)
- dizziness or unsteadiness (20-70%)
- blurred vision (20-45%)
- photophobia (30-80%)
- tinnitus (4%)
- nonspecific upper extremity weakness or generalized fatigue (60%)
- anxiety (45-50%)
- depression (45%)
- irritability (20%)
- impaired concentration (20-60%)
- insomnia (35%)
- dysphagia (7%)
- sexual dysfunction (7%)
- myelopathy (4%)

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