Whiplash injury: a reappraisal

not to say that whiplash injuries affect spondylosis, for, despite much contention there is a dearth of objective evidence that spondylosis is either accelerated or worsened by the injury.

Conclusions

Fact
1. There is no adequate published control group, that is, a series of whiplash injury occurring outside the context of a compensation claim.
2. No good radiographic or laboratory test exists to confirm or refute the symptoms or disorder.
3. Predominance in females contrasts with all other injuries: is it related to threshold or the reasons for which they complain? If a greater proportion of males receiving whiplash injuries fail to report them or to initiate litigation proceedings, this might explain the apparent disparity in sex incidence.
4. Relative sparing of the younger and over 60's age groups and very poor correlation with radiographic evidence of spondylosis indicate that symptoms are not in the main, dependent on degenerative changes in the cervical spine.
5. The majority of subjects recover quickly, two-thirds being pain free at three months, and/or with pain that does not prevent a return to work at one month in 74%. The striking resemblance to "strains" of other muscles and ligaments is apparent.
6. There is a high association with anxiety and depression. Spurious non-anatomical physical signs are common and reflect an exaggerated or simulated illness. Analgesics and collars fail to produce relief in those with "late whiplash" symptoms. Settlement of litigation sometimes, results in a resolution of complaints.

Opinion

There is a paucity of evidence to suggest that whiplash injury is per se any different from other muscular or ligamentous strains or sprains in the trunk or limbs.

The outstanding and differentiating features include: the unexplained high incidence in women; the prolonged nature of symptoms and apparent disability in a significant if small subgroup of patients; the common attendant symptoms of anxiety, fatigue, irritability; unlike other physical sequelae of trauma, immobilisation (collar) and analgesics are useless, in published series; most sufferers are involved in compensation claims.

Although no control group exists, the natural evolution of symptoms is not known. Whether the attendant symptoms are "genuine" or exaggerated in the interests of enhancing financial rewards is a subjective judgement. Balla states that "Socio-cultural factors may account for a number becoming chronic. It is difficult to separate the effects of seeking compensation from other factors. Whiplash injuries certainly lend themselves to fraud of which there have been a number of well documented cases seen at the Motor Accidents Board."

So-called "ambulance-chasing" is well known in North America, and regrettably whiplash is one of the better known complaints which is easy to simulate and hard to totally disprove. Despite this, it is a genuine if not serious injury and disability may be prolonged by the lengthy delay in obtaining a final settlement. Neurotic features can themselves be deliberately inflated, appearing to be disproportionate to the consequences of injury, and should be carefully weighed in relationship to the circumstances, previous psychoneurotic illness and to current behaviour and observed reactions during the medical examination. Although they are easily simulated and indeed may be engendered by Trades Unions and lawyers, in certain instances they genuinely enhance and extend pain and suffering.

Most victims of whiplash injury have, however, sustained no more than a minor sprain to the soft tissues and unusually severe or protracted complaints may demand explanations which lie outside the fields of organic and psychiatric illness.

References


Addendum:

Since writing this paper, Maimario commented on my note in the British Medical Journal on this work and has reported MRI in four patients with moderate or severe persisting symptoms; he notes that Rofo had examined 15 similar patients and MRI was normal in all 19 cases.