



WHIPLASH ASSOCIATED DISORDER (WAD)

PROBLEM: WHIPLASH ASSOCIATED DISORDER (WAD)

INTERVENTION: MANUAL PHYSICAL THERAPY & EXERCISE
DEEP NECK FLEXOR EXERCISE
PATIENT EDUCATION ON STAYING ACTIVE

EVIDENCE: Oxford Evidence Grade= A , B (Level 1a, 1b, and 2 b studies)

Patients with elevated levels of psychologic distress is a nearly uniform finding in patients with WAD as is associated with several predictive factors.¹³ Early referral to physical therapy results in superior short and long-term outcomes when compared to immobilization with a soft collar and advice to rest, even in patients with identified elevated psychological distress levels.⁴⁻⁶ Reassurance that there is no serious tissue damage, encouraging patients to stay active and maintain normal activities of daily living is effective in reducing delayed recovery.⁸⁻¹⁰

REFER:

Patients with Quebec Task Force WAD Grade I-III as early in the course of care as possible. This would include patients with neck pain, headaches and non-progressive neurological symptoms

In particular, patients with the following factors should be referred in order to decrease the probability of developing chronic symptoms:

EIS score 26 pts NDI score 30 pts Older patients Cold Hyperalgesia

We can help determine if your patient has factors predictive of chronicity and the likelihood they would benefit from physical therapy intervention.

Patient selection using predictive factors and the Quebec Task Force Classification system as well as an early education and early physical therapy referral approach is more likely to result in better outcomes and less long-term pain and disability than a uniform management model and “wait-and-see” approach.¹⁵

* References noted can be found on the original PIER document.

