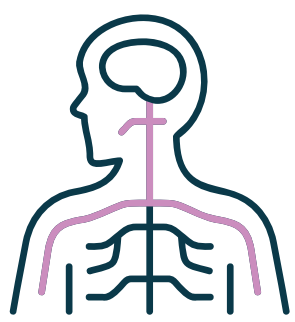
5 facts about physiotherapy and whiplash

1 Whiplash involves more than neck pain



A patient's symptoms may:

- present with headaches, dizziness, jaw pain, shoulder pain and arm symptoms
- affect sleep, mood and overall wellbeing
- require triage for serious pathology and assessment for neurological involvement.

2 Not everyone recovers – and you can identify them early after injury

Physiotherapists should be aware that:

- around 50 per cent of people experience symptoms beyond one year
- validated tools such as WhipPredict or the Short-Form Örebro Musculoskeletal Pain Screening Questionnaire can identify patients at risk of poor recovery and guide management.

3 Appropriate advice and neck-specific exercise should be provided for most patients

For patients at low risk, physiotherapists should:

- provide reassurance and encourage patients to remain active and gradually resume usual activities
- prescribe individualised neck-specific exercises, including range-of-motion, low-load isometric, postural endurance and strengthening exercises.

4 Patients at medium or high risk may need targeted assessment and management

Physiotherapists should use a multi-domain approach including:

- assessment of pain sensitivity, neuromuscular function, sensorimotor function and psychological factors that may be affecting recovery
- tailored management strategies based on each patient's risk profile and impairments.

5 Referral should be considered for patients who are not improving

If the patient is not improving with normal care:

- consider referral to specialist physiotherapist, rehabilitation physician, pain specialist or psychologist
- understand early referral will support coordinated care and improve long-term outcomes.

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