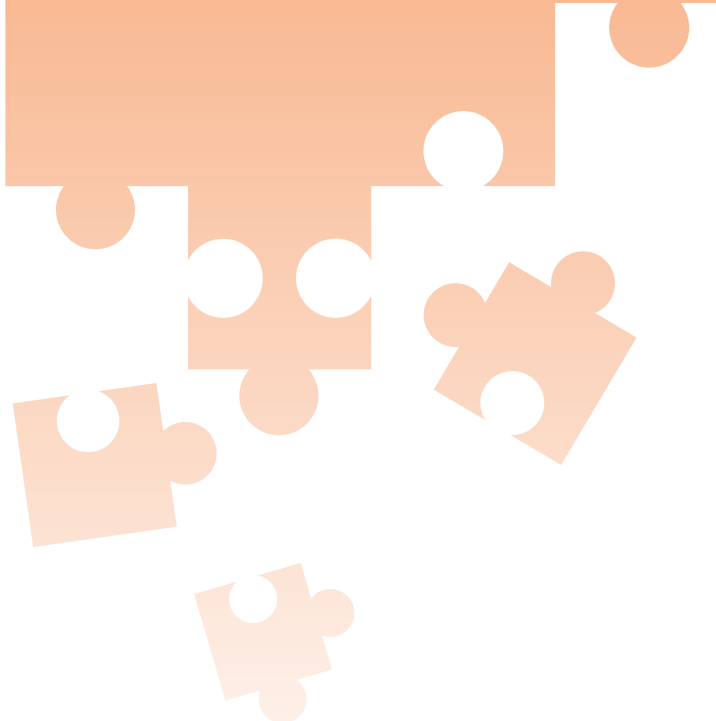


WHIPLASH INJURIES



Whiplash Injuries

What do whiplash injuries and concussions have in common?

In the past, these types of injuries were often dismissed as somewhat minor and were thought to heal on their own relatively quickly. In reality, the newest research shows that whiplash, like concussions, can cause permanent and severe impairments that may show up years after the initial trauma.

Can Upper Cervical Spinal Care help?

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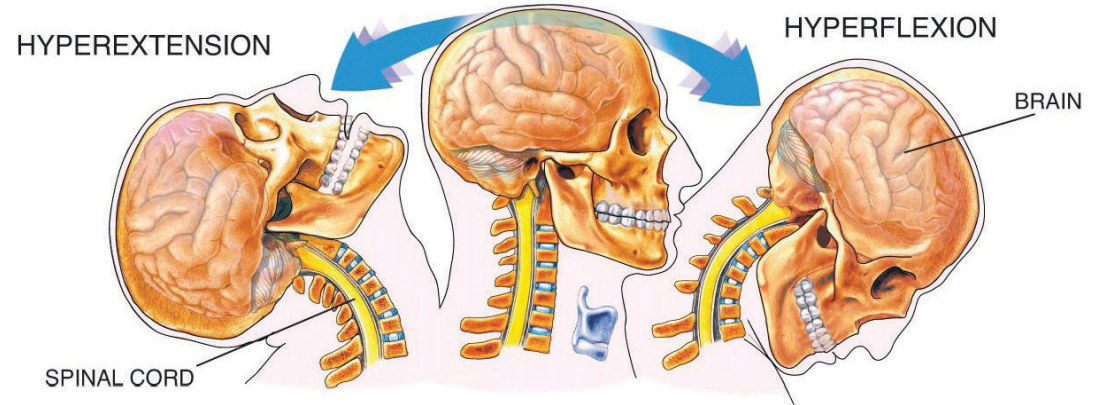
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Historically, concussions were thought to be short-term injuries, but it has become increasingly more evident that the real damage may take 15 or 20 years before its full impact is known. Many former NFL football players are now showing signs of permanent brain damage (chronic traumatic encephalopathy) as a result of multiple concussions. Some are left with physical, emotional, or mental disabilities, while others are so disabled that they become suicidal. In light of this new evidence, what was once a few weeks off from practice and games has now become a possible career-ending injury.

Unfortunately, it has been shown that whiplash injuries can have a similar effect. Initially thought to be just a minor soft tissue injury, it has now been shown that for many people the real damage may not show up for decades after the initial trauma. Some people may be sore for a few days or weeks after experiencing a whiplash injury and then feel as though they've completely recovered. When years or decades later they experience symptoms, the patient may not recognize that the two are connected. These symptoms can appear as chronic neck pain, weakness, headaches, migraines, fibromyalgia, bulging or ruptured discs, TMJ, dizziness, ringing in the ears, premature arthritis, PTSD... the list goes on and on. Even more confusing is the fact that the time between the initial injury and the onset of debilitating symptoms is often so long that the patient doesn't even realize that the two are directly related.

COMMON FACTORS POTENTIALLY COMPLICATING WHIPLASH INJURIES

1. Advanced age
2. Previous spinal injury, whiplash or fracture
3. Degenerative disc disease
4. Disc bulge or herniation
5. Osteo or rheumatoid arthritis
6. Scoliosis
7. Prior spinal surgery
8. Osteoporosis
9. Spinal stenosis or narrowing



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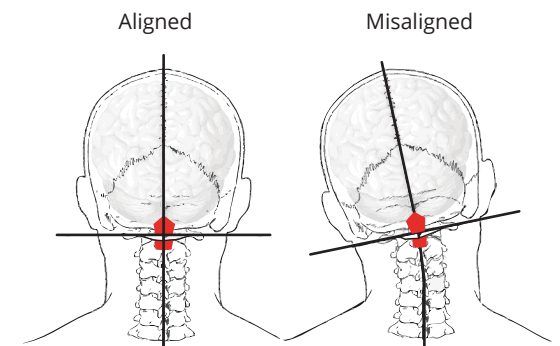
Currently, the standard protocol for concussions is to be evaluated and treated immediately, and the same is true with even the mildest of whiplash injuries. These low impact accidents have been proven to occur at speeds as low as 5 mph with little to no obvious damage to the vehicle.

How your injury is treated can determine whether you heal properly or risk a life-long disability. Patients who are treated through more traditional channels are frequently prescribed medications and may undergo some physical therapy. If these treatments fail, the patient may be sent to a pain clinic for a series of injections to manage the pain. Unfortunately, surgery is often their last resort.

In reality, none of the traditional treatments actually correct the most critical component of whiplash which is a condition called the Atlas Subluxation Complex. This condition occurs when one or both of the upper cervical vertebrae (top two bones in the upper neck) become misaligned and cause both neurological and musculoskeletal damage. This condition is most commonly detected through a thorough examination by an Upper Cervical Chiropractor.

Upper Cervical Care is a specialty within chiropractic that focuses on the upper neck and more importantly, the brain stem area. Mild trauma, such as whiplash or

concussions, can cause an atlas subluxation (neck misalignment) that will often go undetected to the untrained eye. It is this type of injury that can lead to years of unnecessary pain and suffering. If you, or anyone you know has had a whiplash-type injury, do yourself and your family a favor and get checked by an Upper Cervical Chiropractor today!



When the head (10-14 lbs.) is shifted off the center of the top of the neck, the rest of the body will compensate for the shift of weight.

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