

Whiplash – More Than Just a Pain in the Neck

Spine Expert Dr. Kaixuan Liu with Atlantic Spine Center Offers Injured Patients Tips to Aid Recovery

West Orange, NJ ([PRWEB](#)) September 26, 2017 -- A whiplash injury can be more than just a pain in the neck. It may prove to be a pain in the head, back, shoulder, arms and legs, too. That's the warning from Kaixuan Liu, M.D., Ph.D., a world renown endoscopic spine surgeon and president of New York/New Jersey-based [Atlantic Spine Center](#), who says the interrelationships between spine, neck and brain oftentimes make diagnosis and treatment of whiplash-related disorders difficult.

“Falls, sports-related injuries and other types of trauma can cause whiplash, but the problem is most often associated with car crashes, especially low-speed, rear-end collisions, in which a driver's or passenger's head is jerked backward and then propelled forward – like the action of a whip,” says Dr. Liu, who specializes in minimally invasive spinal surgery.

“Many whiplash victims do not have immediate symptoms, so they will not go to the hospital following a crash or other trauma. Then hours – even days and weeks -- after the accident, they begin experiencing pain in the neck, head and jaw. When they finally see a physician, the diagnostic tests frequently show no evidence of injury.”

Patients complain of neck stiffness and pain and sometimes dizziness following a whiplash injury. Headaches also are common problem. Other symptoms can include arm, leg and jaw pain; visual abnormalities; memory loss; difficulty in concentrating; sleep disturbances; even depression.

For patients with relatively minor whiplash injuries, symptoms generally resolve within three months to six months, Dr. Liu says. However, many patients continue experiencing symptoms beyond the six-month mark, and, according to a 2007 issue of the Journal of the American Academy of Orthopedic Surgeons, 25 percent to 40 percent of patients develop chronic pain of undetermined nature.

Some experts contend that post-trauma psychologic stress, which leads to muscle tension, increases sympathetic nerve activity and obstructs blood flow to muscles, is the likely cause of this ongoing pain, but Dr. Liu says the issue is much more complex.

Recent research underscores Dr. Liu's comments.

In a European study published in 2016 in the journal, EBioMedicine, scientists scanned the brains of 20 women and discovered that those with whiplash-related disorders showed changes in blood flow in those areas of the brain involving pain perception and sensory information processing.

Another study, this one appearing in the July 2016 Journal of Sports Medicine, highlights increasing evidence that mild traumatic brain injury is associated with impairments to the neck and cervical spine. Dr. Liu concurs with the authors, who suggest that treatment of mild traumatic brain injuries should include examination of the cervical spine.

Whiplash can cause strains and sprains to neck muscles, stretch and tear spinal ligaments, damage nerves and bruise the facet joints. Facet joints work in conjunction with spinal discs to help smooth and control movement

throughout the spine, Dr. Liu explains. In rarer cases, especially involving patients with pre-existing conditions such as spinal disc degeneration, whiplash may result in vertebra fractures, ruptured or herniated discs, spondylolisthesis, spinal cord abutment and even cord compression, which often necessitates surgery, he says.

As for the optimal approach to treating whiplash injuries, particularly those that do not readily resolve on their own and cannot be pinpointed by any medical tests, Dr. Liu says the “jury is still out.”

Treatment recommendations for patients with chronic spinal and neck pain run the gambit – from exercise, physiotherapy and occupational therapy to counseling, meditation, instruction in cognitive-behavioral techniques (changing the way a person reacts to a situation), and even music and art therapy, he says.

So, what is the best course of action to take if a whiplash injury occurs?

Dr. Liu recommends that patients:

- Contact a physician for evaluation to rule out fractures or serious tissue damage if experiencing back or neck pain following an accident. Seek immediate medical help if numbing, tingling or weakness develops.
- Rest for 24 hours after injury, but avoid prolonged rest, which can delay recovery.
- If a physician so recommends, apply ice or heat to the neck for 15 minutes up to six times a day.
- Take over-the-counter medications like acetaminophen to control mild-to-moderate whiplash pain.

Follow a doctor’s advice in doing neck movement and stretching exercises that can help restore range of motion.

[Kaixuan Liu, MD, PhD](#), is a board-certified physician who is fellowship-trained in minimally invasive spine surgery at Atlantic Spine Center.

Atlantic Spine Center is a nationally recognized leader for endoscopic spine surgery with several locations in NJ and NYC. www.atlanticspinecenter.com, www.atlanticspinecenter.nyc



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