

Results Testimonial



“I came to Liberty with a lot of pain and I am leaving this great place with less pain.

I love everyone here. They are so patient with me.

I’m doing all of the exercises at home and I love it.

Thank you guys for helping me to get better. Dr. Parazo did a great job. I will come back if I have to.”

-C.G.

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significantly greater reduction in their neck pain. Researchers concluded that “a physical therapy regimen which includes active exercises is superior in reducing pain six weeks and six months after whiplash injury compared to the current standard treatment with a soft collar.”³ Physical therapy is also less invasive than both medication and aggressive treatments for chronic whiplash pain, like injections and surgery. On top of that benefit, one survey of 25 studies found injections and surgical interventions were plagued by “contradictory evidence” and proof “not yet strong enough” to establish effectiveness.²

Current whiplash treatments aren’t perfect, but left untreated or treated improperly, whiplash is much more likely to develop into chronic pain. Together, we can keep this from happening to your patients. Reach out to our office today if you’d like to learn more about how we can partner to help solve this national neck pain epidemic.



North Central
415 Embassy Oaks Dr.
STE 202
San Antonio, TX 78216

Northeast
2130 NE Loop 410
STE 212
San Antonio, TX 78217

Southside
3138 SE Military Dr
STE 113
San Antonio, TX 78223



Physician Update

October 2020

Seeing a Spike in Whiplash Patients? *Physical Therapy Can Help With Their Neck Pain*

After months of driving very little because of the pandemic, many people are starting to get back on the road this fall. This is great news for our economy and getting back to normal, but it does have a potential downside: car accidents. The more people there are behind the wheel, the higher the chance of collision and injury.

We see a lot of car accident victims in our practice, and one of the most common injuries we treat them for is whiplash. This neck injury, which is considered a sprain or strain, can pop up after fender-benders, rollover crashes, and everything in between. It’s caused by a back-and-forth jerk to the neck that’s all too common in collisions. According to Rush University Medical Center, more than two million Americans experience whiplash every year. While it sounds like a fairly simple injury, diagnosing whiplash can be tricky.

Whiplash and concussions present similar symptoms, including neck pain, headache, dizziness, and concentration deficits.¹ This makes it easy to misdiagnose both issues, either mistaking one for the other or overlooking the whiplash when it occurs in conjunction with a concussion. This is why detailed post-collision screenings are recommended to physicians. Physical therapists can also help physicians diagnose and treat patients with unclear cases, as demonstrated by an Australian study that followed three car crash victims through the



treatment process. After being referred to a physical therapist and undertaking other management techniques, all three patients self-reported a decrease in neck disability and post-concussion symptoms of 20%–40%.¹

Standard treatments for whiplash include ice application, cervical collars, muscle relaxant and anti-inflammatory medicines, osteopathic manipulation, gentle movement, and physical therapy, according to Johns Hopkins Medicine. Physical therapists treat whiplash with techniques

like heat application, lymph drainage, massage, and active exercise both in the clinic and in the patient’s home between appointments.

Studies have shown that those methods are more effective than immobilization with a cervical collar.³ One randomized, controlled trial of 200 patients conducted in Germany comparing the two methods revealed patients receiving physical therapy consistently saw a

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1. Rebbeck T, Evans K, & Elliott, JM. Concussion in combination with whiplash-associated disorder may be missed in primary care: key recommendations for assessment and management. *Journal of Orthopaedic & Sports Physical Therapy*. 2019; 1–41. doi:10.2519/jospt.2019.8946

2. Teasell RW, McClure JA, Walton D, et al. A research synthesis of therapeutic interventions for whiplash-associated disorder (WAD): part 5 - surgical and injection-based interventions for chronic WAD. *Pain Res Manag*. 2010;15(5):323-334. doi:10.1155/2010/914358

3. Vassiliou T, Kaluza G, Putzke C, Wulf H, & Schnabel M. Physical therapy and active exercises – an adequate treatment for prevention of late whiplash syndrome? *Pain*. 2006; 124(1), 69–76. doi:10.1016/j.pain.2006.03.017