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whiplash

The need to resolve the client's rights as expeditiously as possible following flexion/extension or "whiplash" injuries is obvious. The natural history of this injury, however, would suggest that early settlement may be against the victim's best interests.

As I have pointed out in most of my reports, a stable state cannot be regarded as relatively certain until two years post-injury. This view is widely supported in the literature relevant to the subject and has been reconfirmed in a textbook published last year, *Whiplash Injuries* by Gunzburg and Szpalski.

There is, of course, a significant statistical probability of improvement at up to two years post-injury.

In one series of 120 consecutive patients, however, 88% of those symptom-free at two years post-injury had become so within two months of the accident.

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In another study 74% had recovered at six months post-injury and a further 24% of the remainder recovered between the first and second anniversary of their accident. 18% remained symptomatic at two years and in another study, only 12% of those followed for greater than ten years had recovered completely.

There seems little doubt that the clinical situation at two years post-injury is virtually stable for all practical purposes. However, assuming the surveys can be validly compared, a further one-third of those symptomatic at the two-year mark are pain-free at 10 years.

On the "balance of probability", taking this at a 51% likelihood of recovery, the critical period would appear to be some point between three and six months post-injury.

It should be noted that reliable data on the long-term development of painful cervical spondylosis (degenerative change) consequent to this injury in those who appear to have recovered in the medium term, are not available.

Many patients seek treatment in middle and later years for neck pain. They may not recall any significant trauma and the symptomatic degenerative change is assumed to be the natural consequence of ageing.

Comparison with hard-working parts of the human anatomy, such as the knees, ankles, elbows and wrists would suggest that this is not the case as these joints, more often than not, display only mild degenerative change with advancing years in the absence of some other factor – such as obesity or previous injury.

It is widely recognised that post-traumatic disruption within a joint will almost inevitably result in symptomatic degenerative change, perhaps after many years.

High resolution MRI scans have demonstrated that intradiscal disruption without prolapse or herniation is a common consequence of significant trauma.

There is no logical or scientific basis on which it could be assumed that the same fate will not occur in a disrupted cervical disc as in any other joint. PL