Whiplash

Whiplash is an injury brought on by a sudden jerk of the neck such as that which might occur during an automobile accident. It typically causes muscle strain and stiffness, resulting in neck pain.

Complications - Most people who have whiplash feel better within a few weeks and don't seem to have any lasting effects from the injury. However, some people continue to have pain for several months or years after the injury occurred.

It is difficult to predict how each person with whiplash may recover. In general, you may be more likely to have chronic pain if your first symptoms were intense, started rapidly and included:

- Severe neck pain
- More-limited range of motion
- Pain that spread to the arms

The following risk factors have been linked to a worse outcome:

- Having had whiplash before
- Older age
- Existing low back or neck pain
- A high-speed injury

Symptoms - Signs and symptoms of whiplash usually develop within days of the injury:

- Neck pain and stiffness
- Worsening of pain with neck movement
- Loss of range of motion in the neck
- Headaches, most often starting at the base of the skull
- Tenderness or pain in the shoulder, upper back or arms
- Tingling or numbness in the arms
- Fatigue
- Dizziness

Some people also have:

- Blurred vision
- Ringing in the ears (tinnitus)
- Sleep disturbances
- Irritability
- Difficulty concentrating
- Memory problems
- Depression

When to see a doctor

See your doctor if you have any neck pain or other whiplash symptoms after a car accident, sports injury or other traumatic injury. It's important to get a prompt and accurate diagnosis and to rule out broken bones or other damage that can cause or worsen symptoms.

Types of Back and Neck Pain - Keep in mind everyone's pain and symptoms are different and of course, without a proper evaluation we can't determine your specific type of pain. However, we can help you better understand the most traditional types of pain associated with neck and back health issues using the common areas of pain listed below.

Cervical (Neck, Shoulders and Arms) - Pain in this area is often described as sharp, burning, or radiating, most commonly derived from the center of the neck. When pain radiates down to the arms causing weakness or a tingling sensation, it's typically associated with radiculopathy - pain resulting from one or more pinched nerves. The treatment options for this area of pain may include medication, pain-relieving injections and a variety of physical therapy techniques.

Thoracic (Mid Back, Chest and Abdomen) - Pain in this area is commonly described as sharp, burning, or radiating. Thoracic pain sometimes radiates to the chest or abdomen. This is typically associated with radiculopathy, resulting in feelings of weakness, numbness, or tingling sensations caused by a pinched nerve. The treatment options for this area of pain may include medication, pain-relieving injections and a variety of massage & physical therapy techniques.

Lumbar (Low Back) - Pain in this area is commonly described as stabbing, sharp, achy, or burning. The treatment options for this area of pain may include anti-inflammatory medications, customized physical therapy & massage typically lasting 4-6 weeks, and if necessary, a short course of pain-relieving injections

Sacral (Hip and Legs) - Pain in this area is commonly described as stabbing, sharp, achy, electric or having a burning character. Pain radiating down the legs is typically caused by a pinched nerve. The treatment options for this area of pain typically include anti-inflammatory medications and a customized course of physical therapy typically lasting 4-6 weeks.

Muscle Strain in the Upper Back

A muscle strain occurs when muscle fibers in the back tighten involuntarily.

Inflammation of spinal structures may also result in muscle spasms. Both of these scenarios typically occur when the back muscles have been pushed beyond their limits.

The Upper Body

Neck R L
Upper back R L
Shoulders R L
Arms R L
Elbows R L
Wrists R L

Muscle Strain in the Middle Back

A muscle strain occurs when muscle fibers in the back tighten involuntarily. Inflammation of spinal structures may also result in muscle spasms. Both of these scenarios typically occur when the back muscles have been pushed beyond their limits.

The Middle Back Thoracic region

Sacroiliac Joint Disease

Sacroiliac disease typically results from multiple causes including inflammation, degeneration, infection, or trauma around or in the sacroiliac joint.

Sciatica

Sciatica, also known as radiculopathy, is a symptom of a problem along the sciatic nerve. A herniated disc or spinal stenosis, for instance, are typical disorders that can cause sciatica, resulting in pain, weakness and numbness down the back of the leg.

Muscle Strain in the Lower Back

A muscle strain occurs when muscle fibers in the back tighten involuntarily. Inflammation of spinal structures may also result in muscle spasms. Both of these scenarios typically occur when the back muscles have been pushed beyond their limits.

Herniated/Bulging Disc in the Lower Back

Herniated discs may occur spontaneously through an injury or heavy strain, or as a preexisting condition. The nucleus of a disc, which acts as a shock absorber located within the area between your spine vertebrae, may rupture and place pressure on the nerves or spinal cord. A bulging disc describes a disc which is protruding, but to a lesser degree then a herniated disc.

The Lower Body Low back, gluteal muscles, hips and legs

Sacroiliac disease typically results from multiple causes including inflammation, degeneration, infection, or trauma around or in the sacroiliac joint.

The pa	ain in my spine
	Mild
	Moderate
	Fairly severe
	Very severe
	Worst imaginable
I expe	rience nerve related symptoms such as
	Numbness, tingling or weakness in my arms, hands and or legs.
	Difficulty walking or clumsiness.
	Sudden loss of control over urine and stool. (incontinence)
	None
I expe	rience spinal pain symptoms
•	Pain is worsening when I am lying flat or awakes me from sleep.
	Such severe pain that I can not get comfortable.
	Pain that gets progressively worse.
	None
I have	the following symptoms
	Discomfort or pressure in the chest.
	Swollen glands or a lump in the neck.
	Difficulty swallowing or breathing with pain.
	A fever, headache or inability to touch my chin to my chest.

1 is low and 10 is unbearable or experienced almost all the time

On a scale of 1- 10 where does your pain usually sit?

On a scale of 1-10 How does the pain impact your ability to eat, sleep or breathe?

On a scale of 1- 10 how does your pain impact your ability to work?

Insurance Company:		
Claims Adjuster :		
Address of Insurance Company:		
Phone and Fax number:		
The Email:		
Client Name:		
Claims File Number :		
Date of MVA Injury:		
Date of Birth:		
I am aware that I have	treatments to use on or be	efore
		·
*Any of the treatments that are not	paid or fully covered through	n the direct billing to the
*Any of the treatments that are not above insurance company will nee	paid or fully covered through d to be paid by the client. I a	n the direct billing to the am aware and fully
*Any of the treatments that are not above insurance company will nee understand that I am responsible for	paid or fully covered through d to be paid by the client. I a	n the direct billing to the am aware and fully
*Any of the treatments that are not above insurance company will nee	paid or fully covered through d to be paid by the client. I a	n the direct billing to the am aware and fully
*Any of the treatments that are not above insurance company will nee understand that I am responsible for Massage.	paid or fully covered through d to be paid by the client. I a	n the direct billing to the am aware and fully
*Any of the treatments that are not above insurance company will nee understand that I am responsible for	paid or fully covered through d to be paid by the client. I a	n the direct billing to the am aware and fully
*Any of the treatments that are not above insurance company will nee understand that I am responsible for Massage. Date:	paid or fully covered through d to be paid by the client. I a or paying the remainder of th	n the direct billing to the am aware and fully se balance to Ambiance
*Any of the treatments that are not above insurance company will nee understand that I am responsible for Massage.	paid or fully covered through d to be paid by the client. I a or paying the remainder of th	n the direct billing to the am aware and fully se balance to Ambiance
*Any of the treatments that are not above insurance company will nee understand that I am responsible for Massage. Date: Client Name Printed:	paid or fully covered through d to be paid by the client. I a or paying the remainder of th	n the direct billing to the am aware and fully se balance to Ambiance
*Any of the treatments that are not above insurance company will nee understand that I am responsible for Massage. Date:	paid or fully covered through d to be paid by the client. I a or paying the remainder of th	n the direct billing to the am aware and fully se balance to Ambiance
*Any of the treatments that are not above insurance company will nee understand that I am responsible for Massage. Date: Client Name Printed:	paid or fully covered through d to be paid by the client. I a or paying the remainder of th	n the direct billing to the am aware and fully se balance to Ambiance