

Provider Outlook

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REDUCING CHRONICITY IN PATIENTS WITH WHIPLASH

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It has become very clear in the research that early intervention and education in patients with whiplash associated disorders (WAD) is critical to reduce the chance of chronicity. A full 25% of cases continue on to chronicity. Chronic whiplash (>12 weeks of symptoms after injury) ends up costing the industry the lion's share of resources in health care, lost wages, legal costs, etc. In the U.S. this is even more true where incidences of injury are rising compared to other countries such as Australia which has a state-run system that proactively educates claimants about early intervention, exercise and prognosis. As a result, there are far fewer cases of chronic whiplash and less cost. There is also less incentive to "malingering."



Malingering itself is likely a myth. It is very hard to fake the constellation of symptoms that can occur with WAD. The "secondary gain" in many of these cases may not be monetary as much as cultural. There are a multitude of psychosocial factors that make it more likely for those in the U.S. to have persistent WAD symptoms including the cultural expectation of disability from being in a car accident.

A recent special edition of the *Journal of Orthopedic*

Sports Physical Therapy has summarized a few interesting findings regarding WAD. Using the Neck Disability Index (NDI) patients can be categorized into predictable recovery pathways. Those with a score of 50-68% are 95% likely to move on to chronicity. Psychosocial factors including catastrophization, fear-avoidance and expectation of recovery have also been shown to be predictors of recovery and, inversely, chronicity. With properly collected and reported indices during management of patients with WAD it can be surmised that the danger of conversion to a more chronic and more costly case can be predicted and even prevented.

It is then obvious that early intervention and education are very important. Advocating for clients to seek appropriate care early on is essential. Physical therapy is unique in that practitioners have the opportunity to do this in a hands-on, active and effective way. Most physical therapists are trained in providing pain neuroscience education (PNE) to patients to further reduce risk of chronicity and treat chronic pain. Many emergency departments already have PTs in their department to see patients acutely for early intervention and education. Results can be drastically better than no intervention at all in some groups. Rehabilitation specialists should be able to identify those patients who are most at risk for converting into chronicity using disability and psychological screening tools. But not all

PTs or rehabilitation specialists have placed this model into their practice.

I believe that Genex can provide a very unique and effective tool in assessing and advising our clients, the claimants and the practitioners treating them when it comes to effective rehabilitation. With an IME or chart review done early in the case to make sure that the claimant is getting proper care, chronicity can be reduced significantly and the cost savings will follow. Better yet, with proactive claimant education we can even start to shift the whiplash culture to one that believes mild to moderate symptoms will abate within 6-12 weeks at the most.

Utilizing physical therapy IMEs and chart reviews early in cases will allow you to better manage your claimant and reduce costs in the long run. Not to mention improve customer service and the perception that the insurer (you) is the claimant's ally and not an adversary in recovery.

ABOUT THE AUTHOR

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Stuart Eivers has been working in the field of outpatient physical therapy orthopedics since 1992.

He received a Master's in Orthopedic Manual Therapy in 1997 and a Doctorate of Physical Therapy in 2000, both from the Ola Grimsby Institute. Stuart became a board-certified Orthopedic Clinical Specialist in 2003 and is a Fellow of the American Academy of Manual Physical Therapists. He has been involved with teaching and consulting at the University of Washington's Physical Therapy Program as well as with the Ola Grimsby Institute.

Stuart Eivers is available for IME scheduling in the Puget Sound area.