

There are each year in Sweden about 100,000 individuals involved in traffic accidents who run the risk of injury. About 30,000 of these present acute symptoms suggestive of neck injury. Some also show signs of injury to the back and/or brain. Other are injured in accidents involving falling, diving, or athletic activity. Some recover completely, while others develop persistent symptoms that eventually worsen. The proportion developing persistent symptoms varies widely. In a study from Gothenburg 55% of the patients had developed persistent symptoms 17 years after a neck trauma.¹

Those who suffer from persistent symptoms after an injury to the spine and/or head often have difficulty in obtaining an appropriate assessment of their injury. Many feel they are not taken seriously, or are judged as being mentally weak. The consequence of an inadequate or poor assessment may be a faulty or non-specific diagnosis, which may lead to an incorrect assessment by insurance agents, which in turn may lead to added economic problems for the injured.

It has long been noticed that neck distortion can lead to severe and lifelong disabling neck problems. However, clinicians and researchers have not been able to visualize injuries corresponding to these problems with currently available imaging techniques. Since the late 1990s, magnetic resonance imaging techniques (MRI) have evolved to the point where it is now possible to detect some injuries to spinal joints, including the cranio-cervical joints and their surrounding tissue. The figure above illustrates injuries that can be detected using functional upright MRI. These types of injuries may in turn affect nerves and thereby for example muscles, balance, and coordination.

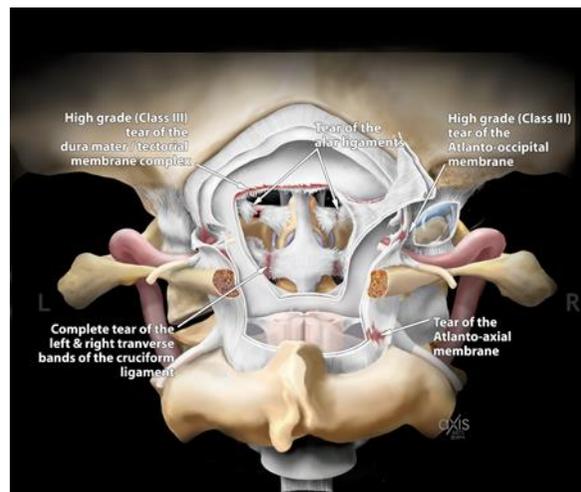


Image: Ron Tribell/Axis Arts

To improve treatment for those with neck, spine and/or brain injury, education and research are required. Education is needed to increase knowledge among healthcare and insurance personnel. Research is needed to enhance long-term evaluation and to optimize diagnostic and treatment methods. In addition, there is a need to establish centers with special expertise and technical equipment for high-quality functional imaging. This equipment exists in other countries, but are lacking in Sweden. We also need to create structured quality registries, registries, where the injured can enter their symptoms online, for example, through the 1177 Vårdguiden. Through 1177 Vårdguiden, patients should receive advice and guidance about evidence-based care. To achieve these goals, policy makers must understand that the need is great, and must act accordingly!

¹Bunketorp L, Nordholm L, Carlsson J. A descriptive analysis of disorders in patients 17 years following motor vehicle accidents. Eur Spine J 2002;11(3):227-34.

The Swedish Healthcare guide 1177, read more under the headings:

BACK AND NECK – CONTENTS: Spinal stenosis, Scoliosis, Back problems in children, Whiplash injury, Back pain, Sore neck and shoulders, Neck brace, Vertebral compression, Herniated disc"

WHIPLASH INJURY

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In cooperation with other organizations, see website.

NRH seeks to improve care! We need your help to secure that more patients receive adequate assessment, proper diagnosis, treatment, and individualized rehabilitation. Our goal is to help secure a positive and legally safe future for all those injured. Welcome as a member!
