



Australian Association of Musculoskeletal Medicine

Neck Collar, "Act-as-Usual" or Active Mobilization for Whiplash Injury?: A Randomized Parallel-Group Trial.

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Abstract:

Study Design. Randomized, parallel-group trial.

Objective. To compare the effect of 3 early intervention strategies following whiplash injury.

Summary of Background Data. Long-lasting pain and disability, known as chronic whiplash-associated disorder (WAD), may develop after a forced flexion-extension trauma to the cervical spine. It is unclear whether this, in some cases disabling, condition can be prevented by early intervention. Active interventions have been recommended but have not been compared with information only.

Methods. Participants were recruited from emergency units and general practitioners within 10 days after a whiplash injury and randomized to: 1) immobilization of the cervical spine in a rigid collar followed by active mobilization, 2) advice to "act-as-usual," or 3) an active mobilization program (Mechanical Diagnosis and Therapy). Follow-up was carried out after 3, 6, and 12 months postinjury. Treatment effect was measured in terms of headache and neck pain intensity (0-10), disability, and work capability.

Results. A total of 458 participants were included. At the 1-year follow-up, 48% of participants reported considerable neck pain, 53% disability, and 14% were still sick listed at 1 year follow-up. No significant differences were observed between the 3 interventions group.

Conclusion. Immobilization, "act-as-usual," and mobilization had similar effects regarding prevention of pain, disability, and work capability 1 year after a whiplash injury.