

Pain after car accidents: a pain in the neck or brain?

November 3 2011, By Laurie Wang

After her Honda Civic was totalled in a car crash, Melissa Mucci was told she was fine because she didn't have any broken bones or serious injury.

"My doctor said, 'You're young. You have [whiplash](#). No big deal, you'll be fine,'" says Mucci. But this was not her experience. Her back and neck were very sore and she experienced pain for the next two years.

"I didn't have an injury, per se, but I didn't have the same mobility in my muscles and joints. It's hard when you experience pain, [because] nobody can see a wound or broken bone."

Physical therapist Geoff Bostick from the University of Alberta's Faculty of Rehabilitation Medicine says situations like Mucci's are very common and whiplash is unfortunately misunderstood.

His new study found that how one understands their pain is important for people with whiplash. For example, negative expectations of recovery, which represent one's understanding of their condition, meant higher levels of pain later on.

Bostick and his team surveyed 72 people who've had a recent motor vehicle accident and tracked their pain for the next six months. He found that on average, the more negative the expectation of recovery was, the higher the level of pain experienced three and six months later.

What does this mean for people with whiplash and their health care providers?

“The study shows that even early after an injury, health-care providers can’t just look at patients’ test results—it’s important to understand the unique contexts of each patient and how they think and feel about their pain,” Bostick says. “These interpretations of pain are known to interact with the biology of pain processing. Thoughts about pain can be as important as what is happening in the joints, nerves and muscles in the neck. We are great at assessing joints, nerves and muscles, but we should not overlook the brain. Facilitating a comprehensive understanding of one’s pain can only lead to better management, especially self-management.”

Mucci is thankful Bostick spent time getting to know her situation before treating her.

“It wasn’t until I went to the physical therapy teaching lab at the Faculty of Rehabilitation Medicine that I received treatment that really helped with the pain,” says Mucci. “Geoff was really able to get what I was going through. He took the time to understand me and took my pain seriously. His exercises and teaching motivated me to help myself get better—and I did. Previous treatments provided short-term relief but even though I’m not 100 per cent, I now know how to manage my pain.”

“There is an unfortunate stigma about whiplash – just because an x-ray or MRI report states there is no pathology, this does not mean there are no plausible reasons for persisting pain . It is important to realize that, while [pain](#) is not easily measured, it is very real and can be understood. However, it’s more complicated than just the physical tissue damage,” says Bostick.

Bostick recently successfully defended this study in his PhD.

Provided by University of Alberta

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