

Intensive therapy no better than traditional care at speeding up recovery from whiplash

December 17 2012

More costly, intensive treatment works no better than usual care at speeding up recovery from whiplash injuries, according to new research published Online First in *The Lancet*.

"Our findings suggest that that more enhanced forms of treatment ([active management](#) consultations) that include positive messages about recovery, exercise, and early return to normal activities as well as pain management, do not speed recovery. What is more, although additional [physiotherapy](#), beyond a single advice session, did offer a modest benefit, it was not cost-effective", explains Sarah Lamb from the University of Warwick in the UK who led the research.

Whiplash costs the [UK economy](#) around £3.1 billion every year. Yet, little is known about the effectiveness of interventions commonly used to treat whiplash injuries.

Several research groups including the National Institute of [Clinical Effectiveness](#) (NICE) in the UK and the Quebec Taskforce on Whiplash Injury (QTF) have suggested that training staff in emergency departments to provide active management consultations might help patients recover more quickly.

In this study, 3851 adults with acute whiplash injuries from 12 UK [National Health Service](#) (NHS) hospitals involving 15 emergency departments were randomly assigned to receive either active management (2253 patients) or usual care** consultations (1598).

Patients whose symptoms persisted after 3 weeks were also invited to participate in an assessment of physiotherapy interventions. Of these, 599 patients were randomly assigned to receive either a single advice session with a [physiotherapist](#) or a package of up to six physiotherapy sessions. All participants completed Neck Disability Index (NDI) questionnaires about pain-related restrictions on [everyday activities](#) (eg, sleeping, driving, and work).

Little difference in NDI score was reported between the active management and usual care [emergency department](#) interventions at 4, 8, or 12 months.

Compared with the single advice session, patients given the physiotherapy package reported a modestly quicker recovery at 4 months, but not at 8 or 12 months. The physiotherapy package also reduced the number of work days lost by an average of 4 days at 12 months (40%).

Active management consultations and the physiotherapy package were more expensive than usual care and the single advice session, and were not cost effective from a UK NHS perspective.

According to Lamb, "Emergency departments should continue to provide usual care for whiplash injuries together with a single follow-up physiotherapy advice session for persisting symptoms."*

Writing in a linked Comment, Robert Ferrari from the University of Alberta in Canada discusses factors that can influence the rate at which people recover from whiplash injuries. He concludes, "The challenge now is to change societal expectations about whiplash injury. Legislative changes could reduce the extent to which expectations can be met—ie, less contact with lawyers, insurers, and the treatment industry could reduce the encouragement of these expectations and the behaviour that

follows. Not prescribing unnecessary treatment might also help to change beliefs about the nature of the injury, and thus studies like that of Lamb and colleagues are needed. At the very least, to reduce health-care costs, Lamb and colleagues have shown that the emergency departments are providing evidence-based and cost-effective treatment when they do less, not more.

More information: [www.thelancet.com/journals/lan ...](http://www.thelancet.com/journals/lan...)
 [\(12\)61304-X/abstract](http://www.thelancet.com/journals/lan...)

Provided by Lancet

Citation: Intensive therapy no better than traditional care at speeding up recovery from whiplash (2012, December 17) retrieved 27 April 2024 from
<https://medicalxpress.com/news/2012-12-intensive-therapy-traditional-recovery-whiplash.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.