Whiplash Massage Treatment

Acute
Position depends on the clients comfort and apprehension levels.
- Seated with pillows in front of the client so the head is well supported and the neck is not rotated to one side - or supine is appropriate.

Hydrotherapy – in the acute stage is cold

General treatment
- deep diaphragmatic breathing
- lymphatic drainage
- treat compensatory structures – effleurage, slow petrissage, fingertip kneading and c- scooping are used.

Specific Treatment
- care is taken not to significantly reduce any protective muscle spasm in the injured muscle.
- Grade 1 whiplash – isometric agonist contraction to antagonists, vibrations and effleurage to non affected areas.
- GTO and O and I are indicated on the affected tendons. Only with grade 1
- Other specific work is contraindicated
- Stroking and muscle squeezing are used on the head, muscles of mastication and distal arms for all grades of whiplash.

Early Subacute
Position same as Acute

Hydrotherapy – on site are cold warm contrast

General Treatment

- deep diaphragmatic breathing
- - lymphatic drainage
- - treat compensatory structures – effleurage, slow petrissage, fingertip kneading and
- c- scooping are used.

Specific Treatment

- Trunk and shoulder treatment – Effleurage, Petrissage, palmer kneading, C-scooping fingertip kneading
- O and I to compensatory structures and proximal to the injury site are allowed.
- GTO is used on tendons of the affected muscles such as – SCM, scalenes, upper traps, levator and the posterior cervical muscles. It is no longer as important to maintain the protective muscle spasm
- TP's are treated using muscle stripping or intermittent ischemic compressions without disturbing the injury site. Do not overstretch the injured tissues.
- Grade 1 – on site work is tolerated within the clients pain tolerance
- Grade 2 or higher – on site work is still restricted to light stroking and vibrations.
- Careful pain free, mid range passive relaxed range of motion to the onset of pain only is used on the cervical spine and scapulothoracic articulation.
- The head, muscles of mastication and arms are also treated as in the acute stage.

Late Subacute
Positioning – may now include sidelying or prone as long as the clients head and neck are securely pillowed and the head is not rotated or sidebent

Hydrotherapy – cold/ hot contrast therapy local to the injury. If acute inflammation recurs, the therapist returns to using local cold applications.

General Treatment
- treat compensatory structures first.

Specific Treatment
Prone
- Muscles of the shoulder girdle are treated to reduce hypertonicity and increase drainage
- Trigger points in the affected muscles that refer to the head and neck are treated using muscle stripping and ischemic compressions according to the clients pain tolerance.
- Posteriorly these muscles include – upper traps, levator, splenius cervicus and capitus, semispinalis capitus, suboccipitals, cervical multifidi and rotators
- Suboccipital hypertonicity is reduced with GTO release.
    - With the client in the prone position the therapist stabilizes the spinous process of C2 with the index and middle fingers of 1 hand. The fingertips of the other hand grasp the occiput and slowly traction the occiput into flexion.

Supine
- general treatment to compensatory structures
- Treat SCM (side bend to side being treated and rotate away) Trigger points
- Treat trigger points in scalenes
- Treat infra and suprahyoid muscles – specific client consent is treated
    - To locate these muscles accurately, the therapist uses the hyoid bone as reference. Found below the angle of the mandible and is 5 -6 cm wide.
    - Using the thumb and index finger of one hand gently palpate for the lateral posterior borders of the hyoid. Gentle resisted depression of the mandible makes the muscles palpable.
    - Muscles are treated unilaterally
- Treat Sternohyoid -
    - Thumb or finger stabilizes on the lateral trachea just inferior to the hyoid, applying gentle, medially directed pressure
    - The thumb does not move it stabilizes the trachea
    - The treating finger or thumb of the same hand applies gentle cross fiber strokes to the ribbon like sternohyoid muscle moving from lateral to medial.

Mylohyoid – runs from the hyoid to the underside of the mandible

- it is also treated using a stabilizing thumb on one side, while short cross fiber strokes are used to locate trigger points in the other side of the muscle.

Longus Colli – with the client in a seated position

- the therapist places 2 fingers on the back of the clients neck at the vertebral level to be treated
- the client slightly sidebends and extends the neck over the therapists fingers.
- Isometric resistance in the direction of sidebending and flexion is applied by the therapist
- Multifidi on the contralateral side of this vertebral level are then treated.
- treat longus colli in supine
    - find scm
    - drop immediately medial to it.
    - Make sure you are not on the carotid artery – no pulse under your fingers
    - Palpate medial to the artery and sink posteriorly toward the spine
    - Ask the client to gently lift their head toward the ceiling
    - Work trigger points and adhesions.
- treat the anterior thoracic region for hypertonicity and trigger points. Including – pec major, minor, subclavius, rotator cuff, intercostals and the diaphragm
- with head forward posture the posterior thoracic muscles are treated after the anterior chest. This includes the middle and lower traps, rhomboids, latissimus, thoracic erector spinae and deeper postural muscles.
- Grade 2 or 3 – onsite work focuses on decreasing adhesions, skin rolling, muscle stripping and frictions within the clients pain tolerance.
- A passive stretch to realign the fibers is performed cautiously , gently and in a pain free manner to avoid overstretching the injured tissue. Then ice
- Joint play on the hypomobile vertebrae is used to restore ROM. Long axis traction
- Careful mid to full range PR ROM to the onset of pain is used in the cervical vertebrae.

Chronic

- Do not attempt rapid increase in the range of motion. The tissue seems to respond best when gradual stretching is performed.

Positioning – chosen for comfort and accessibility to the treated structures.

Hydrotherapy – deep moist heat.

General Treatment

- treat compensatory structures.

Specific treatment

- Shoulder girdle and muscles mentioned in the late subacute stage are treated to reduce any remaining hypertonicity or trigger points. Using fascial techniques, effleurage, petrissage and ischemic compressions.
- Cross fiber frictions on remaining adhesions. Passive stretch for 30 seconds then ice up to 5 min
- Joint play at cervical spine – long axis traction with the head in slight extension to put slack on the suboccipitals. The therapist grasps under the occiput with one hand and on top of the forehead with the other. Gentle traction is applied to the neck.
- Pain free PR ROM
- Shoulder girdle and neck are treated with GSM