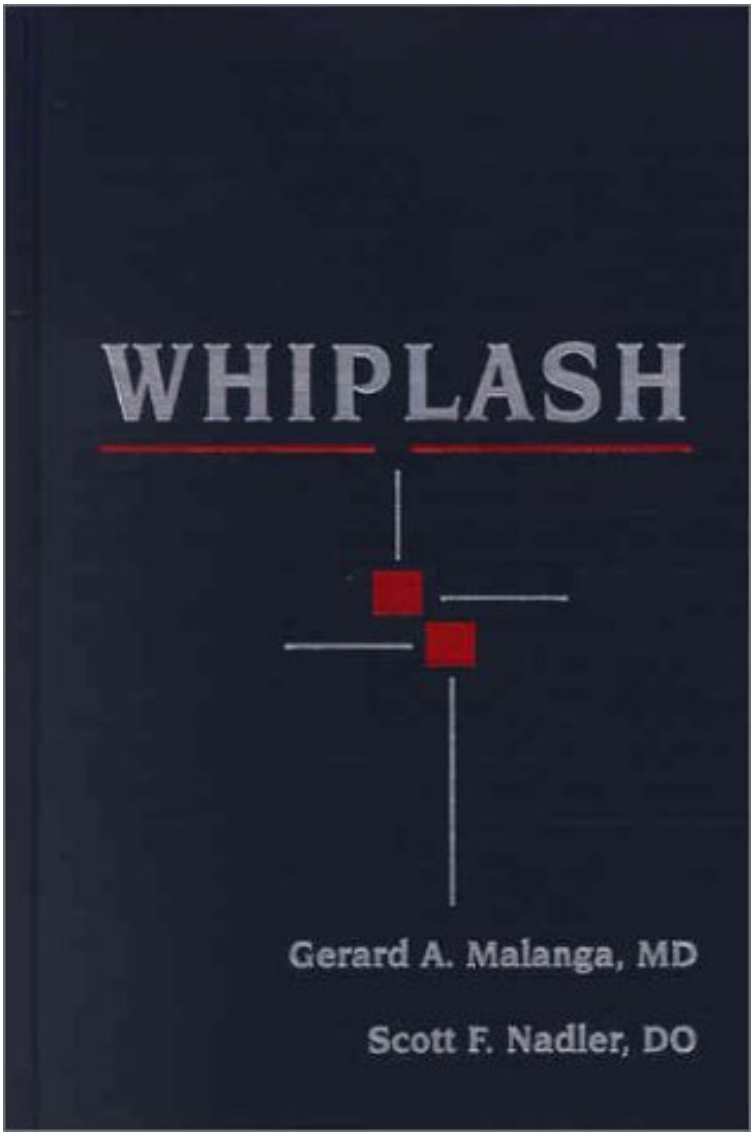
Whiplash, 1e

Gerard A. Malanga MD, Scott Nadler DO
*ePub | *DOC | audiobook | ebooks | Download PDF*



#1062204 in Books Hanley n Belfus 2001-12-31Original language:EnglishPDF # 1 9.02 x 1.06 x 5.98l, 1.82 #File Name: 1560534389460 pages | File size: 53.Mb

Gerard A. Malanga MD, Scott Nadler DO : Whiplash, 1e before purchasing it in order to gage whether or not it would be worth my time, and all praised Whiplash, 1e:

3 of 3 people found the following review helpful. This book belongs in every practicioners library!!!By DR LOU LORENZOI think this book is "State of the Art" on whiplash injuries. Every practicioner, researcher, and educator should have this book in their library. I practicice a biomechanical approach to treating the devastating the effects of low speed rear end collisions. The text "Whiplash" should be commended for its thoroughness in addressing the Full

Spectrum of issues regarding whiplash injuries. (Over 800,000/yr as per NHTSA guidelines!) What was especially appreciated was that it includes significent documentation and explanations of the NEW INJURY MECHANISM. I.E. whiplash from rear end collisions starts in the thoracic spine and sweeps the lower neck under the upper part of the cervical spine causing a straightening of the cervical lordosis. This should set in motion more effective treatment protocols as well as devolopment of spinal protection head-neck restraint and seat systems to effectively mitigate whiplash injuries from low speed rear end collisions. Dr Gerald Malanga and Dr Scott Nadler should be commended for their efforts of bringing a multi-disiplinary approach to the study of this condition which is responsible for a great deal of human suffering. I am a practicioner and a Chiropractic Consultant for Horizon Blue Cross Blue Shield Casuality Services. I also have lectured to other insurance companies and staff on this topic.5 of 5 people found the following review helpful. Lawrence O'Connor D.C.By Dr. O'ConnorIt is with great pleasure that I convey a rousing cheer for those patients who's doctor read this book. Dr.'s Malanga and Nadler have eliminated the fluff and have gotten straight to the point. Those lacking in their anatomy and most importantly thier physiology of the spine, this book is "continuing education." I am on the New Jersey State board of Chiropractic examiners, a delegat to the Federation of Chiropractic Licensing Boards and an active practitioner in Bio-Mechanical Chiropractic. I have seen sloppy research followed by even sloppier applications to spinal bio-mechanics. This book has brought together the greats in this field and put them in one reference. The Universities and Colleges should be looking to this book as a text bokk staple for spinal research and rehabilitation. Bravo...Lawrence O'Connor D.C.7 of 15 people found the following review helpful. Why ?By Oliver KwanOverall, this book gives the reader a "been there, done that"feeling. All books are outdated by the time they are released, but this book even more so. In fact, some of the chapters are just reprints of publications from 1998, which in turn are pre-1998 in composition.There is no interesting thesis or theme that connects the chapters, and no suggestions of exactly why we face such a problem with whiplash. One can reproduce this book by doing a Medline search for review articles on whiplash. Put those articles together, and not only do you have a book, but one more up-to-date than this book, at a much lower cost.Additionally, there are "fillers", those types of chapters you put in just to give the book some length, like cervical anatomy and physiology, and pseudoscientific pieces on chiropractic andalternative therapies, despite the fact that these therapies have not been tested in most cases, or not been found to be useful, in trials with whiplash subjects.There is much ado in this book about facet joints. If one carefully reviews the studies of facet joint injections and neurotomy in these patients, we find that very little science has been turned into a very great leap of faith.After utilizing placebo-control and then comparative anaestheticresponses in a small, poorly defined group of subjects, Lord et al were able to screen patients to find 24 that had relief of pain with diagnostic blocks of the nerve supply to specific cervical facet joints. These 24 subjects were then randomised to receive either radiofrequency neurotomy of the nerve supply to the affected facet joint or a sham procedure (12 patients in each group). A total of 6 subjects in the control group and 3 in the treatment group failed to have benefit from the procedure. At 27 weeks, only one control subject had persistent relief of pain after the procedure, compared to 7 of 12 subjects in the active treatment arm. The problem is that 10 of the 12 control subjects were in litigation, compared to only 4 of the treatment group subjects. If litigation status has any substantial effect on response to therapy, this is a significant confounding variable, in a small study where confounders cannot be readily discounted. In a larger, though uncontrolled study, Sapir et al treated 46 subjects with radiofrequency neurotomy for so-called facet joint pain, and at 2 weeks after the procedure, the majority of subjects had a 50% reduction or more in neck pain. Of course, without a control group the level of true effectiveness of the procedure itself is difficult to interpret. And that is the extent of trials of radiofrequency neurotomy for neck pain. The lack of sufficient data limits the clinician's ability to recommend this invasive procedure. There is only one placebo-controlled trial to date, and that one had a major confounder in the control group. It does not seem appropriate for clinicians to receive this barrage of facet joint innuendo when there is so little in the way of clinicaltrials upon which to base clinical practice.After reading the chapter by Barnsley et al (a mere reprint of a 1998 article), one is recommended to read the following:Ferrari R. The many facets of whiplash. Spine 2001;26:2063-2064.Ferrari R. Radiofrequency neurotomy. Spine 2002;27:327-336.Finally, a number of the authors demonstrate a shared copingmechanism, they refer to whiplash study outcomes in Lithuania, but to the 1996 study rather than the prospective 1999 study. The reason for this may be that the material for this book was put together in late 1999, which would explain why it seems a very outdated book.Alternatively, it may be that the only way some can cope with the damaging effects of the 1999 Lithuanian study is by blocking it out of their consciousness, as we explain in:Kwan O, Friel J. A new strategy to support the "chronic injury" model of whiplash: ignore Lithuania. Med Sci Mon 2002;8(2):3-4.

This text comprises 26 chapters that offer current, scientific information on the repercussions of, and treatment for, whiplash. Chapters present new concepts and illustrate them with tables and figures.Dr. Malanga is a well-known expert in the field of physical medicine and rehabilitation, particularly in spinal medicine and orthopedics. The entire book focuses only on whiplash, providing an extremely in-depth treatment. Relatively recent developments in this field, backed by extensive study, have initiated an evolution in the treatment of whiplash injury. Thus, there is a need

for a comprehensive presentation of the changed thinking. Includes coverage of the Quebec Whiplash Study.