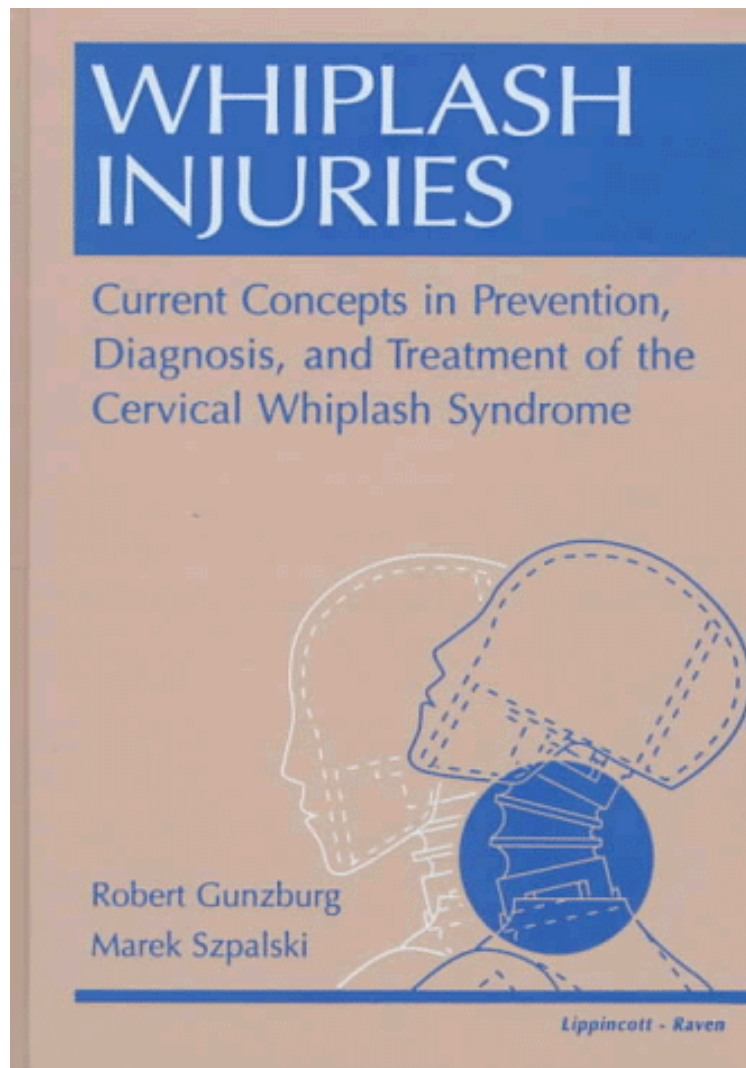


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## Whiplash Injuries: Current Concepts in Prevention, Diagnosis, and Treatment of the Cervical Whiplash Syndrome

*Robert Gunzburg MD PhD, Marek Szpalski MD*  
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Puts to rest the notion that whiplash is a "lie", that chronic whiplash is a transcontinental, translingual conspiracy among malingerers. Puts to rest the false notions that come to us from the so-called "Lithuanian studies", which are debunked (again) in this book. The chapter by Drs. Freeman and Croft put to rest all of the falsehoods that have come to us from Ferrari, the Lithuanian studies, and the Quebec Task Force on Whiplash-Associated Disorders (who are actually on record as saying that "pain is not harmful"). The QTF on WAD was not a scientific study; it was a consensus of persons, many of whom have almost no experience with whiplash. The chapter by Jonsson is excellent, showing us all of the organic injuries that occur in whiplash, most of which cannot be seen with even the most advanced imaging such as MRI. Castro's chapter is one weak part of this book. Castro et al. cannot reach the conclusions they reach based on either their own or all the other research on low-speed rear-impact collisions. They conclude that "the limit of harmlessness" in low speed rear-impact collisions is around 10kph (6.2 mph). The major problem with this statement is that Castro et al. noted symptoms of whiplash injury in 29% of their study subjects, yet ignored their study results when concluding that similar impacts were harmless. The authors contradicted their own study findings in their conclusions. A better choice on the topic of injury threshold would have been the studies by Siegmund, Brault, McConnell, West, Ono and Kaneoka. It is odd that these studies, most of which show an injury threshold at 2.0-5.0 mph delta V, were ignored by Castro et al. In fact, the Castro chapter cites only 12 references. That is very poor considering the nature of this topic and the many studies available on the topic. The poorest chapter is the one by Marie Dayton, which says that the "no crash, no cash" policy of insurers makes sense. However, since 70% of all injuries occur at speeds below which there is damage to vehicles (see, West, Croft), this policy has no place in today's insurance company policies. Dayton cites only one reference. The editors have included most viewpoints, even this weak one, to their credit. Other than that, the Belgians have put together an excellent text which should be an excellent resource for physicians and attorneys who need to care for the whiplash-injured. The fact that Ferrari, Russell and other so-called "experts" are completely ignored is a very good sign for this book. The real experts are here, however, including Radanov, Bogduk, Panjabi, Grauer, Cholewicki, Barnsley, Lord, Dvorak, Croft, Freeman, Svensson, Maigne, Pope, Magnusson, Sturzenegger, and many others. Missing are Kaneoka, Ono and their Japanese colleagues, who have forever changed the way we look at whiplash injuries. There are only two other books which come close to opening up one's mind about whiplash: Foreman and Croft's textbook on the topic (Williams Wilkins, 1995), and a SPINE State of the Art Review text published in 1998 (Gerard Malanga, Ed., Spine Vol. 12, No. 2, May 1998). Clearly this is one of the top three. 1 of 1 people found the following review helpful. The most complete book about whiplash. By A Customer. This is one of very few good books written about whiplash associated disorders. It covers the topic from anatomy, biomechanics and pathophysiology (see the remarkable images of Rauschnig) to the major economic issues of whiplash injuries. This book very thoroughly covers the psychological issues associated with whiplash and discusses the controversies about the "organicity" of whiplash associated disorders. I recommend this book to any clinician dealing with cervical disorders. It will also be of use to injury lawyers and insurance physicians.

This volume presents current concepts on the epidemiology, mechanisms, clinical course, diagnosis, treatment, and prevention of the cervical whiplash syndrome. The book provides clinicians with much-needed guidance in evaluating patients who develop chronic pain and/or neurologic symptoms and in planning an appropriate course of treatment. Close attention is given to the biomechanics of whiplash, the injuries that can occur, the natural evolution and resolution of the cervical whiplash syndrome, and the reasons why some patients develop chronic symptoms. The contributors describe special diagnostic techniques that can pinpoint the source of pain and identify the cause of oculomotor, neurolinguistic, and attention disorders. A major portion of the book examines current treatment modalities, including spinal manipulation, cognitive-behavioral therapy, nonsteroidal antiinflammatory drugs, percutaneous radiofrequency neurotomy, and a variety of surgical options. Also included are discussions on prevention of whiplash injury by appropriate automobile and headrest design.