

**FACT SHEET**

## **Sprain and Strains Cervical Spine (neck)**

***What Else is it Called?***

- Whiplash, Whiplash Associated Disorder (WAD), Cervical Sprain, Soft-Tissue Injury, Flexion-Extension Injury

***What Is it?***

- A cervical sprain occurs when muscles around the neck may stretch or tear (strain) and the ligaments or torn (sprain)
- Soft tissue injuries around the neck are common in motor vehicle crashes that throw the head forward, back or sideways rapidly and with unusual force.
- It is not unusual to also have a blow to the head, resulting in a head injury at the same time.
- The term whiplash is perhaps overused to describe a wide variety of neck injuries ranging from mild strains to fractures.
- It is important to obtain an accurate description of the mechanism of injury.

***How Is It Diagnosed?***

**History:**

- There will be a history of trauma, most commonly a motor vehicle crash.

- Mild sprains – pain is mostly in the muscles, which intensifies over several hours, followed with stiffness and spasm. Individuals may hold their necks rigid or hold the head tilted to one side because of spasm or to relieve discomfort.
- Moderate to severe sprains – headache, pain in the upper chest and back, and changes in sensation are common.
- More severe sprains – similar symptoms with pain not relieved by resting flat.
- Most severe cases – the symptoms of pain and spasm are intense and signs of instability are present. The individual may be unable to support his or her head.

***What to look for:***

- Lateral cervical spine x-rays to rule out a fracture before any neck motion is tested.
- A neurological assessment of the cervical spine to rule out nerve damage.
- Palpation of the neck region to help define the severity of the sprain.
- Range of motion and stability are tested.

**\*What is the Expected Return to Work Time?\***

Duration depends on severity.

<b>Job Classification.....</b>	<b>RTW Minimum – Maximum</b>
Sedentary Work.....	0 days – 7 days (calendar days)
Light Work.....	0 days – 14 days
Medium Work.....	0 days – 21 days
Heavy Work.....	3 days – 28 days
Very Heavy Work.....	3 days – 42 days

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Continued from page 1

### **Tests:**

- Cervical spine x-rays may be taken to rule out more serious injury, but sprains do not show on x-ray.
- CT and MRI scans may be warranted to evaluate soft tissue damage.
- Tests may need to be repeated in six months if symptoms have not resolved.

### **How is it Treated?**

- Soft support collar (which may delay recovery), worn for several days.
- Rigid collars are only used for treatment of fractures that occurred at the time of the sprain.
- Medication to control pain is usually prescribed.
- Physical therapy modalities for pain relief is appropriate but most often does not include traction (which might be used for radiculopathy – impingement of the nerve).
- Early mobilization is valuable in most situations.
- Surgery is indicated only for treatment of related fractures, instability or disc herniation.

### **What is the Predicted Outcome?**

Healing of the soft tissue should be expected. The YWCHSB may intervene after 6 weeks of treatment to try to prevent chronicity of symptoms.

### **What are the Work Restrictions and Accommodations?**

- Any activity that requires flexion or extension of the neck such as overhead work, lifting or carrying a heavy object may be restricted temporarily.
- Work at a desk or drafting table may need to be evaluated.
- A work site evaluation is valuable in assessing risk factors for aggravating symptoms during recovery, which can be slow.
- Use of soft support collar may restrict dexterity.

### **What Are the Common Prescriptions?**

- Anti-inflammatories
- Muscle Relaxants
- Analgesics

*“A safe and timely return to work benefits the patient and his or her family by enhancing recovery and reducing disability.”  
Canadian Medical Association*