



Phone: 860-763-2225  
Fax: 860-763-3161

143 Hazard Avenue  
Enfield, CT 06082

[www.EnfieldHealth.com](http://www.EnfieldHealth.com)

*One to One Treatment always  
with a licensed professional*

#### Your Therapy Team

Melissa Doten, MPT, LMT,  
Director of Physical Therapy  
Priscilla Kowal, MPT, COTAL  
Jennifer Meier, MPT, CLT  
Kevin Sadowski, DC, Cert MDT  
Jennifer Cavanaugh, PTA

**3,000 square foot facility  
with private treatment  
rooms**

#### Providing Physical Therapy for:

Orthopedic Complaints  
Post Surgical Rehab  
Work Injuries  
Auto Injuries  
Back Pain  
Neck Pain  
Vertigo / Vestibular Rehab  
Lymphedema  
Post Surgical Rehab  
Headaches

Functional Capacity Evaluations

#### Specially Certified In:

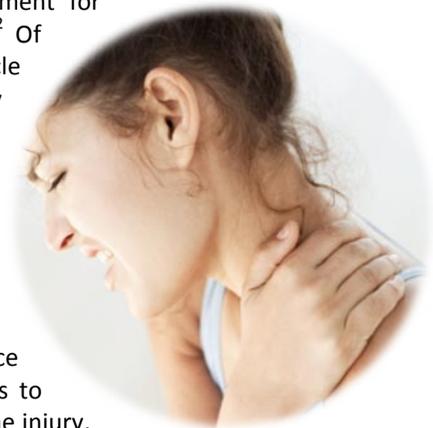
McKenzie Technique  
Lymphedema Management  
Vestibular Therapy  
Graston Technique  
Mulligan Technique  
Functional Capacity Evaluations

#### Payment

Accepting Medicare and most  
major insurance. Letters of  
protection accepted.

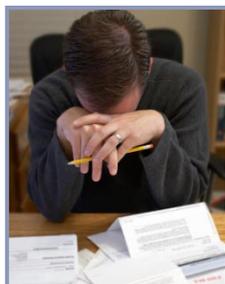
## Expert Recommendations for Treating Whiplash in the Acute Phase

More than 50% of patients injured in motor vehicle accidents receive whiplash diagnoses. Patients with acute neck pain develop chronic neck pain in 15% to 40% of cases.<sup>1</sup> Can pearls of wisdom from high quality research help America do better with this troubling diagnosis? In the last decade, Charles P Vega, MD (Dept. of Family Medicine, University of California, Irvine) wrote that standard treatment for whiplash primarily consisted of rest and a soft cervical collar for comfort.<sup>2</sup> Of course, he reported this in the midst of an evidence-based article unequivocally recommending active treatment including early mobilization as the new standard of care. **Dr. Vega supports the recommendation that active whiplash treatment such as physical therapy begin within 96 hours of the accident.**



This recommendation is largely influenced by Rosenfeld's work published in *Spine*, the premier peer review journal for research on spine-related pathologies.<sup>3-5</sup> Rosenfeld compared treatment plans for more than 100 whiplash patients. Groups received standard care (advice from a doctor for restricted activity and advice on stretching that was to begin several weeks after the accident), active care within 96 hours of the injury, and active care within 14 days of the injury. Active care consisted of physical therapy evaluation, posture control, and neck rotation exercises. At six month follow-up and at three-year follow-up, the active treatment groups experienced significantly less pain and sick leave. Rosenfeld and colleagues also compared cervical range of motion between treatment groups and a control group that had received no trauma to the neck. At three years, only the group that had received active treatment within 96 hours of the accident enjoyed cervical range of motion approaching that of the uninjured group (P=.06-.08). **In terms of pain and range of motion after three years, it is better to receive active treatment within 96 hours of the accident.**<sup>4</sup> Rosenfeld also did an economic study taking into account the cost of physical therapy and the cost of time off work. They demonstrated that active treatment was less costly and more effective.<sup>5</sup>

Rosenfeld's work adds to an ever-growing body of evidence demonstrating how various approaches available in physical therapy improve outcomes for patients diagnosed with whiplash.<sup>6-10</sup> One of the reasons **Enfield Health & Wellness Center** encourages doctors to refer injuries, as soon as possible, during the acute phase has to do with the laying down of new tissues. Put in basic terms, as the body lays down new tissues to heal a sprain, it has only one blueprint for the best way to lay those tissues down: movement. Without movement, the new tissue will form in counterproductive patterns. The knowledgeable therapists at Enfield Health & Wellness Center will introduce thorough but pain-free movement in the injured areas to help the healing response pattern new tissues correctly.



### Help Your Patients Get the Care They Need Immediately. Letter of Protection Accepted.

Studies on various types of spinal injuries and other injuries show much better outcomes when thorough, active care is begun without delay. We accept letters of protection so more of your patients can get the care they need immediately.

**Please refer your patients to Enfield Health & Wellness Center**  
Doctor Recommended, Patient Preferred

## References

1. Schofferman J, Bogduk N, Slosar P. Chronic whiplash and whiplash associated disorders: an evidence-based approach. *J Am Acad Orthop Surg*, Vol 15, No 10, October 2007, 596-606.
2. Vega C. Active Intervention Best for Whiplash (CME). Medscape: November 24, 2003. Online resource last accessed 12/22/11. Available at: [www.medscape.com/viewarticle/464912\\_print](http://www.medscape.com/viewarticle/464912_print).
3. Rosenfeld M, Gunnarsson R, Borenstein P. Early intervention in whiplash-associated disorders. *Spine*, 2000, 25 (14): 1782-87.
4. Rosenfeld M, Seferiadis A, Carlsson UJ, et al. Active intervention in patients with whiplash associated disorders improves long term prognosis. A randomised controlled clinical trial. *Spine* 2003, 28, 2491-2498.
5. Rosenfeld M, Seferiadis, Gunnarsson. Active involvement and intervention in patients exposed to whiplash trauma in automobile pressures reduces costs. A randomised controlled clinical trial and health economic evaluation. *Spine* 2006, 31, 1799-1804.
6. Conlin A, Bhogal S, Sequeira K. Treatment of whiplash associated disorders. Part I: Non-invasive interventions. *Pain Res Manage* 2005, 10 (10): 21-32.
7. De las Penas C, Fernandez-Carnero J, Palomeque del Cerro L, et al Manipulative treatment vs. conventional physiotherapy treatment in whiplash injury: A randomized controlled trial. *Journal of Whiplash & Related Disorders*, 2004, 3 (2): 73-90.
8. Vassiliou T, Kaluza G, Pulzke C, et al. Physical Therapy and active exercises – An adequate treatment for prevention of late whiplash syndrome? Randomized controlled trial in 200 patients. *Pain*, 124 (1): 69-76.
9. Wang W, Olson S, Campbell A, et al. Effectiveness of physical therapy for patients with neck pain: an individualized approach using a clinical decision-making algorithm. *American Journal of Physical Medicine & Rehabilitation*, March 2003, 82(3): 203-218.
10. Bunketorp L, Lindh M, Carlsson J, et al. The effectiveness of a supervised physical training model tailored to the individual needs of patients with whiplash-associated disorders – a randomized controlled trial. *Clinical Rehabilitation*, 2006, 20 (3): 201-217.