

Whiplash: Whither the Future?

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Because this is one of my first editorials of the year, I thought to make it inspirational if I could. All of you who know me, know that my focus has been whiplash injuries and their diagnosis and management. This piece is about how I view the future of whiplash management.

Last year I had quite a few conversations with doctors about the chiropractors' future role in whiplash care. We all know the issues and concerns: the gradual migration toward managed care; the hardball tactics of insurers; the hugely unbalanced litigation budgets between plaintiffs and defendants; expert witnesses happy to testify that injury is not possible under the circumstances; and reliance upon bad (i.e., flawed) literature, etc. Although few actually verbalized it, I heard them say things like: "I ain't what it used to be;" "I'm getting out while the getting's good."

Unfortunately, we see the cost containment juggernaut everywhere. If gradually increasing degree of difficulty and gradually decreasing fee schedules become the chief criteria for moving to greener pastures, DCs, like all health care providers, will eventually find themselves grazing in the desert. As Will Rogers was fond of quipping, "It ain't what it used to be -- never was."

Of course, I speak to hundreds of DCs in the course of my work and it's also clear that many are doing extremely well in the personal injury field. I hate to sound venal, but I wish I made as much money as many of my seminar students. So what makes the difference between DCs who are ready to abandon their important role in the care of the injured and those who welcome these patients with spirited enthusiasm? For one, the successful DCs have evolved *pari passu* with the medicolegal system. It requires a little bit of work, of course, but they have been adaptive and creative rather than dogmatic and inflexible. It's made all the difference in the world.

The ability to communicate, long known to be an attribute of DCs, is another important quality. But communication skills run far past bedside manner. Communication today requires top level report writing skills and the ability to cogently convey complex clinical and anatomical information clearly to lay persons. When these skills are honed to a razor's edge, DCs become sought after as treaters, managers, and experts: the way it should be.

But there are no shortcuts to success. A well-appointed office and sophisticated electronic gadgetry, by themselves, can never compensate for a lack of sound clinical knowledge and strong communication skills. Demonstrating soft tissue injury, when that inevitably becomes necessary in medicolegal settings, can rarely be accomplished with electronics alone.

Yet doctors frequently lament, "We can't prove the soft tissue injury. And the other side brings in biomechanical experts and research that always seems to win the day." But that's never quite true. Of course you can prove injury. And with simple clinical means. And what of these experts and their research? Easily assailable about 95% of the time. Here is where those who have allowed themselves to evolve through postgraduate study can thrive in a hostile environment where others fail.

Here's another one I hear frequently: "Attorneys aren't taking cases with no vehicle damage." It's

true. The weaker attorneys have indeed cowed to the take-no-prisoners methods of insurers. Filings are down 50% in California. Sadly, this is based on pure science fiction that has been, in too many cases, foisted on the unwary. The overwhelming facts are that most whiplash injuries occur at lower speeds where vehicle damage is minimal. The "no crash-no injury" saw provides a convenient subterfuge for experts in denouncing injury, yet is entirely sophistic and without any basis in science. And it works all too often simply because it's intuitively enticing and nobody hears differently. Education is the key.

We should never lose sight of the fact that cars are less safe today with regard to whiplash protection than they were 20 years ago. That's right, less safe. And with two million such injuries occurring every year, sad but true statistics for American drivers and passengers, I don't see that figure being reduced by any new technology currently available or on the horizon. Cost containment issues notwithstanding, DCs still offer the most comprehensive treatment package available. And it is virtually guaranteed that drivers will never abdicate their right to compensation when injured. California stands as a good example: the California voters soundly defeated a ballot measure that would restrict that right. And of the several states where restrictions are in place, like New York and New Jersey, DCs are still happy to treat whiplash patients. I know because they attend my seminars.

Virtually all of the problems that you have with regard to personal injury practice have relatively easy solutions. All of the science supports what I have said here; it's not difficult to prove the point. Despite groundless arguments to the contrary, whiplash is a huge public health problem. We spend more on it (\$19 plus billion annually) than on osteoporosis, asthma, and congestive heart failure combined. Don't kid yourself, until we create cars that won't crash or that can withstand the crash sufficiently, you have a very important role to play here. And DCs, the ones who have evolved successfully that is, will continue to play a prominent part in the medicolegal system.

So life is good. Be paart of the solution. Happy New Year to you all.

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