

OPTIMAL HEALTH UNIVERSITY™

Presented by Dr. Peter Hobson & Dr. Yaron Robinstein

Don't Let Computer Use Be a Pain in the Neck

Many people spend a large portion of their days sitting at a computer. And most of them aren't doing it properly — causing significant pain and discomfort, especially in the neck. We can't do much about our ties to the computer, but we can take some simple steps to protect our necks. That's why your doctor at Hinterland Chiropractic focuses on teaching patients how to prevent and alleviate neck pain from computer use.



First, Schedule a Checkup

Visiting our office is an important first step in keeping computer-related neck pain at bay. Using gentle maneuvers called **chiropractic adjustments**, your doctor at Hinterland Chiropractic removes **vertebral subluxations**, which are triggered by the unnatural posture required by computer use. Vertebral subluxations are areas in the spine where vertebrae (spinal bones) are slightly out of place or misaligned.

Research demonstrates that the correction of vertebral subluxations via chiropractic adjustments (spinal manipulation) alleviates neck pain.

For instance, one study published in the *Journal of the Canadian Chiropractic Association* found “statistically significant clinically meaningful improvements in neck pain ... and disability ... after an average of 13.6

days of specific chiropractic care including 5.7 office visits and 2.7 upper cervical adjustments.” (*J Can Chiropr Assoc* 2009;53:173-85.)

Researchers “conducted a comprehensive literature search of clinical trials of chronic neck pain treated with manual therapies up to December 2006.” Regarding chiropractic care for neck pain, the researchers conclude: “There is moderate-to-high quality evidence that immediate clinically important improvements are obtained from a single session of spinal manipulation.” (*J Man Manip Ther* 2008;16:E42-52.)

Another study found that chiropractic care is more effective than massage for chronic neck pain. The researchers conclude: “There is moderate- to high-quality evidence that subjects with chronic neck pain not due to whiplash and without arm pain and headaches show clinically important improve-

ments from a course of spinal manipulation or mobilization at 6, 12, and up to 104 weeks posttreatment. The current evidence does not support a similar level of benefit from massage.” (*J Manipulative Physiol Ther* 2007;30:215-27.)

Chiropractic adjustments are so effective for neck pain that patients often enjoy results after only one adjustment. One study of 70 patients set out to study “the immediate effects on neck pain and active cervical range of motion” after a single chiropractic adjustment to the spine of the neck (cervical spine).

Researchers randomly divided subjects into either an experimental group, which received a chiropractic adjustment, or a control group, which received a mobilization procedure. Findings revealed that a single chiropractic adjustment “was more effective in reducing neck pain at rest and in increasing active cervical range of motion than a control mobilization procedure in subjects suffering from mechanical neck pain.” (*J Manipulative Physiol Ther* 2006;29:511-7.)

In addition to chiropractic adjustments, your doctor at Hinterland Chiropractic recommends specific ergonomic strategies,



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exercises and stress-reduction techniques. These suggestions are custom-tailored for each patient's unique situation. However, below are some general recommendations.



Ergonomics

Proper workplace ergonomics are vital to preventing computer-related neck pain. In fact, one study concludes: "We estimate that many cases of discomfort and ultimately pain in the neck region are connected with computer work that lasts too long with poor ergonomic organization." (*Ortop Traumatol Rehabil* 2005;7:204-8.)

Common problem areas include:

Monitor: Adjust your desk, chair and computer so the monitor is at eye level.

Phone: Avoid tucking the phone between your ear and shoulder. Better yet, invest in a headset.

Chair: Your feet should rest on the floor or on a footrest. Your knees should be slightly lower than your hips.

Keyboard: Your forearms should be level with the floor, with your elbows bent at 90 degrees.

Books and papers: Avoid twisting your neck away from the screen to see papers on the desk. Use holders to prop up books or papers at eye level directly next to your screen, and switch which side you place the holder each day.

Laptops: If possible, attach an external keyboard and mouse and raise the

laptop on a platform to bring the screen to eye level.

Exercise

One comprehensive literature review set out to analyze the effectiveness of exercise therapy for neck pain.

The researchers conclude: "The evidence summarized in this systematic review indicates that specific exercises may be effective for the treatment of acute and chronic MND [mechanical neck disorder], with or without headache." (*Cochrane Database Syst Rev* 2005;CD004250.)

The doctor will discuss specifics of neck exercises that are appropriate for you, but some common exercises that may be a part of your workout include:

- ✓ Slowly bring head forward so chin hits the chest. Repeat five times.
- ✓ Slowly stretch your neck backwards until you are facing the ceiling.
- ✓ Turn your head slowly around to one side until it cannot easily go any further. Repeat five times, then do the same in the opposite direction.
- ✓ Tip your ear slowly toward your shoulder.

Typically, these exercises should be performed several times per day, during breaks from computer work.

Stress Reduction

Research also points to a strong link between emotional stress and computer-related neck pain. A just-published report in the *European Spine Journal* set out to assess risk factors for neck pain among a group of 53 Australian office workers.

The researchers discovered that "predictors of neck pain with moderate to large effect sizes were female gender and high psychological stress." (*Eur Spine J* 2009;Epub.)

Another study found that "depression and anxiety were highly significantly linked with increasing levels of neck pain." The researchers conclude that: "The higher the neck pain level, the more attention should be paid to psychosocial distress as a related burden." (*BMC Musculoskelet Disord* 2009;10:13.)

The doctor advises patients to investigate their specific stress-related triggers of neck pain. The doctor also recommends stress-reduction techniques, such as yoga, meditation, prayer, t'ai chi, breathing exercises, social activity and spending time in nature.

Don't Wait

Whether or not you are experiencing pain, if you spend any significant amount of time at a computer, don't put off scheduling a chiropractic appointment. Even if you are not in pain, computer work may have triggered vertebral subluxations that will eventually result in pain and dysfunction. Don't delay: Schedule an appointment with our office today.



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Conditions That May Be Caused by Upper Neck Injuries

Spinal trauma, specifically to the neck, can be caused by any traumatic event — a fall, car or motorcycle collision, sport's injury or bicycle accident.

Regardless of the source, spinal traumas almost always result in vertebral subluxations — misalignment or restriction of vertebrae (spinal bones). And vertebral subluxations are associated with a vast assortment of health issues, such as headaches, migraines, backaches, neck pain, carpal tunnel syndrome and now many other, more serious, conditions.



Research links vertebral subluxations caused by spinal trauma affecting the upper neck to maladies from Parkinson's disease to multiple sclerosis.

How could an upper neck injury cause these conditions? Researchers theorize that vertebral subluxations set up virtual roadblocks within the neck and spinal column. These roadblocks may alter nerve function and sensation, which may affect every part of the body from the brain to the heart.

The good news is that vertebral subluxations are correctable through *chiropractic adjustments*, safe and gentle maneuvers employed by doctors of chiropractic.

Bottom line: Neck injuries affect more than just the neck. Spinal trauma accidents occur in just seconds, yet chiropractors, such as your doctor at Hinterland Chiropractic, know that uncorrected vertebral subluxations may last for years, causing enduring pain and disability.

Your doctor at Hinterland Chiroprac-

tic urges you to read on if you or anyone you know has endured any accident — even a simple fall or a low-impact vehicle collision.

Migraines, Emotional Problems, Neck Pain & Backache

A study investigated a male patient who endured a head injury while pole-vaulting at a high school track meet when he was 17.

For six years, he suffered migraines, neck and back pain and neurological problems like bipolar disorder, seizures and sleep disorders.

Six years after the accident, at age 23, a chiropractic examination revealed a vertebral subluxation stemming from the upper neck. He received chiropractic care specifically designed to correct and stabilize his upper neck injury. The patient's neurologist performed tests at the onset of care and after two and four months.

The result? "After 1 month of care, the patient reported an absence of seizures and manic episodes and improved sleep patterns. After 4 months of care, seizures and manic episodes remained absent and migraine headaches were reduced from 3 per week to 2 per month. After 7 months of care, the patient reported the complete absence

of symptoms. Eighteen months later, the patient remains asymptomatic [symptom-free]."

The researchers summarize that "the onset of the symptoms following the patient's accident, the immediate reduction in symptoms correlating with the initiation of care, and the complete absence of all symptoms within 7 months of care suggest a link between the patient's headfirst fall, the upper cervical [neck] subluxation, and his neurological conditions." (*J Manipulative Physiol Ther* 2004;27:E5.)

Depression

Researchers also link neck injuries to emotional depression.

At the University Clinics, Basel, Switzerland, researchers examined 21 patients with acute neck whiplash injuries within two weeks of their accidents. Close to 50 percent of both male and female subjects rated depression as one of the three chief complaints shortly after their neck trauma.

The other two top symptoms were concentration problems and sleep deficits — symptoms that are often linked to depression. Three months after the injury, 12 patients still showed attention deficits, and eight patients continued to suffer from concentration lapses (*J Neurol Neurosurg Psychiatry* 1993;56:1328-9).



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Parkinson's Disease & MS

Multiple sclerosis (MS) and Parkinson's disease (PD) are two degenerative diseases for which there are no cures.

MS is a chronic autoimmune disease marked by muscular weakness, loss of coordination and speech and visual problems. PD is a central nervous system disorder characterized by tremors and slowed movement.

Research shows that spinal trauma may trigger and worsen MS and PD symptoms. In one study, investigators at Glasgow University, in Scotland, studied 39 MS subjects who suffered a neck injury. They found that the disease was "precipitated or exacerbated" by the cervical cord trauma, which "may aggravate latent [hidden] clinical symptoms in MS." (*Eur J Neurol* 2003;10:109-10.)

Fortunately, initial research shows that chiropractic adjustments help reduce symptoms for both MS and PD patients who've sustained neck injuries.

In a five-year study, Erin L. Elster, D.C., followed 44 MS and 37 PD patients whose tests revealed "trauma-induced" vertebral subluxations in the upper cervical region of the spine (upper neck).

Of the 81 MS and PD patients, 78 recalled experiencing at least one head or neck trauma prior to developing the disease. Patients reported auto collisions (39 subjects); sport accidents, such as skiing, horseback riding, cycling and football (29); or falls on icy sidewalks or down stairs (16).

For 91 percent (40 of 44) of MS patients and 92 percent (34 of 37) of PD cases, chiropractic care designed specifically to correct upper cervical (neck) injuries significantly reduced symptoms and halted the disease's progression.

Dr. Elster summarizes that "a causal link between trauma-induced upper cervical injury and disease onset for both MS and PD appears to exist." Chiropractic techniques specifically for upper cervical spine injuries "may arrest and reverse the progression of

both MS and PD." (*J Verteb Sublux Res* 2004;1-9.)

Alzheimer's Disease

Brain traumas are common with severe upper neck injuries. Why? The brain stem begins at the junction of the neck, so any traumatic event to the upper cervical spine often results in some brain trauma.

Studies show that brain injuries — even early in life — may predispose individuals to develop the mind-robbing condition Alzheimer's disease (AD).

Dr. Richard Havlik and researchers from the National Institute on Aging, Md., and Duke University Medical Center, N.C., studied 1,776 World War II veterans. Of the group, 548 had suffered a head injury. The remaining 1,228 without head injuries formed a control group. Researchers assessed the subjects' mental abilities via interviews with the veterans or family members.

The severity of the head injury directly determined the risks of developing AD or other dementias. Risks doubled with moderate head injuries. Subjects with severe head injuries had four times greater risks, compared with controls (*FDA Consumer magazine* 2001;35:1).

What's the AD-brain injury connection? One theory explaining the AD-injury risk lies in an enzyme in the blood called thrombin, which has been found in plaques of AD patients' brains. Brain injuries, in which neurons are exposed to high levels of thrombin, significantly increase AD risks.

In one study, researchers trained rats to navigate a complex maze, which required memory skills to complete successfully. The rats were then injected with 25 or 100 nm of thrombin for 28 days.

Rodents receiving higher thrombin doses suffered significant cognitive impairments. They encountered significant memory lapses that made negotiating the maze difficult and time consuming.

The researchers summarized that the high levels of thrombin damaged or destroyed nerve tissue and caused cognitive deficits. They concluded this implies "that inhibition of thrombin may be a treatment strategy for AD- or head trauma-associated cognitive deficits." (*Neurobiol Aging* 2004;25:783-93.)

Osteoarthritis

Studies show that the trauma caused by spinal injuries speeds up the degenerative process of osteoarthritis. In addition, research indicates that osteoarthritis increases incidences of falls causing fractures.

In a study performed in the Netherlands, researchers examined 2,773 subjects with knee osteoarthritis. Researchers first adjusted for or ruled out "confounding factors," such as stability and bone mineral density (mineral content of bone). They found that osteoarthritis sufferers had much higher risks for fractures than healthy individuals, regardless of steadiness and bone mineral density (*J Arthritis Rheum* 2003;49:648-57).

Path of Prevention

If you've sustained any type of accident — from mild to traumatic — contact your doctor of chiropractic for a complete spinal evaluation.

If you're currently in pain, your symptoms could be related to undetected vertebral subluxations, which can be easily corrected. Even if you feel you've escaped the trauma symptom-free, scheduling an appointment with the doctor will ensure that your neck and spine are in working order to avoid future problems.

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Hidden Injuries from Automobile Collisions: Why You Always Need A Chiropractic Checkup Following A Motor Vehicle Accident

Some injuries — like burns, bruises and cuts — are easy to spot. Others, however, may only be detected during an examination by a doctor of chiropractic.

Many of these “hidden injuries” stem from automobile accidents. And although elusive, these injuries are far from minor. Immediate diagnosis of auto-related injuries like whiplash, hairline fracture and misaligned spinal bones (vertebrae) is critical. That’s why your doctor at Hinterland Chiropractic examines accident victims’ entire musculoskeletal system to detect hidden injuries.



Your doctor at Hinterland Chiropractic doesn't limit this approach to just those involved in high-speed, high-impact accidents. Even low-impact collisions, where there are no skid marks and minor to no visible vehicle damage, can injure occupants. “Crash tests indicate that a change of vehicle velocity of 4 km/hr (2.5 mph) may produce occupant symptoms. Vehicle damage may not occur until 14-15 km/hr (8.7 mph).” (*J Manipulative Physiol Ther* 1998;21:629-39.)

Regardless of the speed or circumstances involved, early chiropractic intervention is vital. Left undiagnosed, veiled auto injuries can lead to a lifetime of pain and agony.

Read on to learn about some of the most common auto injuries and how chiropractic care can help.

Back Injury

Motor vehicle accidents — specifically rear-end collisions, striking non-moving objects or getting broadsided by another vehicle — are a leading cause of back injury: particularly low-back pain (LBP).

The force of impact can instigate trauma to the spine.

When vertebrae (spinal bones) become misaligned, it results in a condition known as **vertebral subluxation**. This is a common finding in patients with back pain.

Your doctor at Hinterland Chiropractic corrects vertebral subluxations with safe and gentle maneuvers known as **chiropractic adjustments**.

Scientific research shows that chiropractic adjustments restore proper spinal alignment and effectively relieve LBP.

In a study of 681 patients with LBP, researchers noted that those who received chiropractic and physical therapy were “much more likely to perceive improvement in their low-back symptoms” than patients who received only medical care (*Spine* 2006;31:611-21).

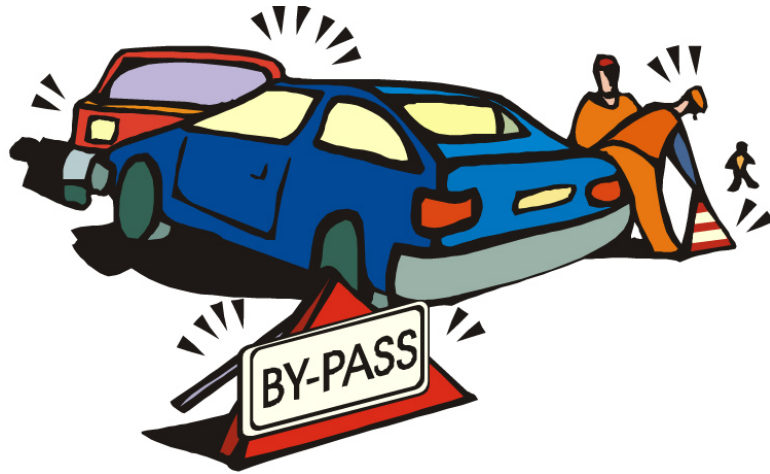
More than 43 randomized trials of spinal manipulation for LBP were published in peer-reviewed medical journals. Of that number, 30 trials showed that chiropractic care provided more improvement than the comparison treatments. “Other studies have shown that chiropractic care compared with medical care is safer, costs no more and often costs much less and has consistently greater patient satisfaction for treatment of similar conditions.

“Consequently, there is now better public and professional opinion of chiropractic with coverage by insurance companies and government agencies. That trend is likely to continue.” (*Clin Ortho Rel Res* 2006;444:243-9.)

Whiplash

Your doctor at Hinterland Chiropractic notes that patients who assume they are fine after an accident — and aren't thoroughly examined — may not begin suffering the debilitating effects of whiplash for months or even years after the original trauma. Researchers have termed this phenomenon delayed onset whiplash associated disorder, or DOWAD.

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Whiplash can spark misalignment and serious injury to the joints, vertebrae, discs, muscles, nerves and ligaments of the neck. Fortunately, chiropractic care can help.

Other Neck Injuries

Automobile accidents may be particularly traumatic to the head and neck. That's why the doctor takes great care to properly X-ray the spine of the neck (cervical spine).

In one case, a hospital emergency department missed a cervical spine fracture-dislocation in a 77-year-old man involved in a car accident. "The patient visited a chiropractic clinic six days later, where X-ray films were again obtained, finding that the patient sustained fractures of C5 and C6." The patient also suffered dislocation of the same vertebrae (*J Manipulative Physiol Ther* 2002;25:263-69).

Another study details the case of a 17-year-old girl who endured a motor-vehicle collision. In addition to pain in her neck and shoulder, the patient's symptoms included vertigo (dizziness), tinnitus (ringing in the ears) and confusion. The patient sought chiropractic care.

"During ten weeks of care and 22 office visits all symptoms subsided." In addition, all vertebrae instability was completely resolved (*J Manipulative Physiol Ther* 2000;23:279-87).

Headaches

Headaches often accompany neck injuries and are also associated with cervical vertebral subluxations, which may spark muscular dysfunction and nerve interference.

According to one scientific report, a 21-year-old woman with neck pain reported suffering from headaches following a motor vehicle collision. She also demonstrated moderate range-of-motion restrictions in her neck.

After a year of soft-tissue treatment that produced ineffective results, the woman began receiving chiropractic care. "The patient described greater and more immediate relief [with chiropractic] and longer pain-free periods than could be achieved by soft-tissue treatment alone." (*J Manipulative Physiol Ther* 2001;24:520-5.)

Chest and Rib Injury

The skeletal structure of the midback includes 12 pairs of ribs and 12 vertebrae. Each of the vertebrae is attached to a corresponding pair of ribs. In an auto accident, however, these bones can become misaligned, fractured or both.

One study revealed that seat-belted drivers in older cars without air bags have a higher incidence of chest and rib injury than those whose cars feature both safety devices. Out of 42,055 accidents, the steering column (39 percent) and steering wheel (36 per-

cent) were the primary instigators of injury (*Ann Thorac Surg* 2006;82:444-50).

During a chiropractic adjustment, the doctor slowly moves misaligned vertebrae and ribs back into place. This process relaxes the connecting muscles: a vital step in reducing patients' midback pain and improving mobility.

Everyone Is Different

It's important to remember that no two accidents are exactly alike. And no two people will have exactly identical injuries. "The same collision may cause injury to some individuals and leave others unaffected," say researchers (*J Manipulative Physiol Ther* 2000;23:420-7).

Variables include the following:

- ✓ Posture of the occupants
- ✓ Ligament strength
- ✓ Body positions in the vehicle
- ✓ Amount of muscle activation
- ✓ Health of the nervous system
- ✓ Overall health

Because so many factors come into play, schedule an immediate chiropractic appointment after any auto accident — no matter how minor.

And remember: You have the right to choose your own health-care professionals. Don't be pressured into interventions without first requesting a second opinion from a doctor of chiropractic.



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Whiplash and Jaw Problems

A crucial tenet of chiropractic is that the body works as a whole and should be treated as such, not as a series of isolated parts. Doctors of chiropractic, like your doctor at Hinterland Chiropractic, understand that dysfunction in one area of the body will affect function in other areas. The relationship between whiplash injury and temporomandibular disorder (TMD) is a clear example of this premise.



Many people don't realize that sustaining a whiplash injury can affect more than the neck — and that the injury can be long-lasting. Any accident, even a minor fender bender, may trigger serious conditions. **Vertebral subluxations** are areas in the spine where movement is restricted or vertebrae are slightly out of place.

Whiplash injury frequently causes vertebral subluxations, which can, in turn, lead to temporomandibular (or jaw) issues. Your doctor at Hinterland Chiropractic uses gentle maneuvers called **chiropractic adjustments** to remove vertebral subluxations.

The Whiplash/TMD Link

Many studies link whiplash injury to temporomandibular joint dysfunction — or a dysfunction in the jaw joint. One investigation specifically reviewed whether a whiplash injury can lead to TMD. In the study, researchers examined 187 patients with whiplash-associated disorders (WAD).

The investigators found that “TMD could be verified in all patients with WAD. According to these investigations a craniomandibular disorder (CMD) [disorder of the head and face muscles] was regularly found in patients with WAD and relief from suffering can often not be achieved without treatment of the CMD.” (*HNO* 2008;56:1114-21.)

Another analysis compared the prevalence of temporomandibular disorders between individuals with chronic WAD and a control group. Researchers found that 89 percent of the individuals in the WAD group had severe symptoms of TMD, compared with 18 percent in the control group. The researchers concluded that “the prevalence of TMD was higher among individuals with chronic WAD. ... The results indicate that trauma to the neck also affects temporomandibular func-

tion.” (*Swed Dent J* 2004;28:29.)

Another study found that whiplash injuries often lead to impaired jaw function and eating difficulties. The investigation compared 50 WAD patients with pain and dysfunction in the jaw-face region with 50 healthy age- and sex-matched controls without any history of neck injury.

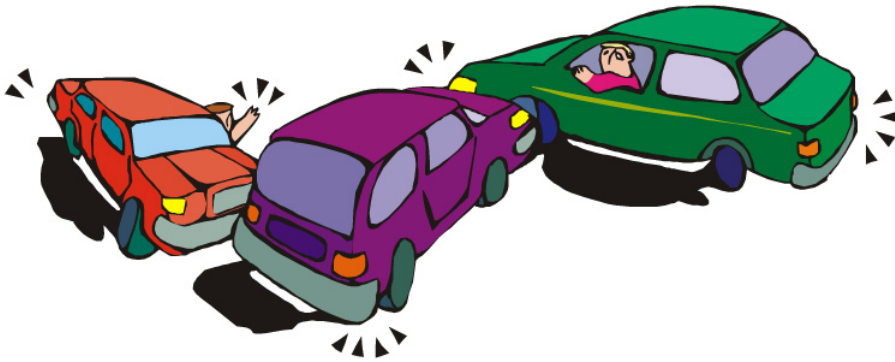
The researchers found that before the accident, study participants in both the healthy and the WAD group reported no or few symptoms. After the accident, the WAD patients complained of pain and dysfunction during mouth opening, biting, chewing, swallowing and yawning.

They also felt fatigue, stiffness and numbness in the jaw-face region. In addition, a majority also reported avoiding tough food and big pieces of food and taking breaks during meals.

The researchers concluded that “these observations suggest an association between neck injury and disturbed jaw function and therefore impaired eating behaviour. A clinical implication is that examination of jaw function should be recommended as part of the assessment and rehabilitation of WAD patients.” (*Swed Dent J* 2008;32:171.)



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Chiropractic Care for Whiplash

If you suffer a whiplash injury, it's essential to schedule a chiropractic evaluation right away, even if you don't have symptoms. The doctor will examine not only your neck and spine for signs of injury, but also other areas, including the jaw, that could also be affected. The doctor will work to correct any related problems, and to prevent any from emerging later.

Research shows that chiropractic care is highly effective in alleviating the pain and discomfort of whiplash injury. According to a report in the *Journal of Orthopaedic Medicine*, chiropractic is "the only proven effective treatment" for chronic whiplash injury.

Investigators pooled data from telephone interviews of 93 (68 female and 25 male) chiropractic patients with chronic whiplash. Patients were divided into three groups. Group one suffered neck pain and restricted range of motion. Group two demonstrated nervous system problems. Group three reported severe neck pain and an "unusual complex of symptoms," such as blackouts, visual disturbances, nausea and chest pain.

Each participant received an average of 19 chiropractic adjustments over approximately four months. Altogether, 74 percent of patients improved following chiropractic care.

Specifically, 72 percent of group one, 94 percent of group two and 27 percent of group three benefited from chiropractic adjustments. Even better, 24 percent of group one and 38 percent of group two became symptom-free following chiropractic care (*J Orthopaedic Medicine* 1999;21:22-5).

Chiropractic Care for TMD

Receiving regular chiropractic care after sustaining a whiplash injury can keep TMD at bay. But if you suspect you already have TMD, chiropractic can help get to the source of your discomfort and stop it for good.

In fact, research shows that more and more people are turning to complementary and alternative medicine (CAM), including chiropractic, for relief from TMD. One study examined the use of CAM therapies among 192 patients with TMD. Nearly two-thirds of the respondents reported using CAM therapies for TMD or a related condition. In general, respondents who used CAM for their TMD reported being most satisfied with the "hands on" CAM therapies, such as chiropractic care (*J Orofac Pain* 2003;17:224-36).

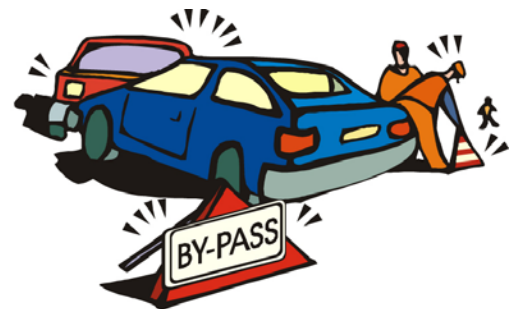
In another report, a doctor of chiropractic cared for patients suffering from TMD. Patients were seen three times a week for two weeks and received adjustments to the spine and jaw. At the end of two weeks, 90 per-

cent of the patients reported significant improvement (*J Manipulative Physiol Ther* 2003;26:421-25).

Finally, a case study followed a 30-year-old woman with temporomandibular joint (TMJ) pain. The patient suffered from nonstop jaw pain for seven years. The researchers report that "pain radiated from her TMJ into her shoulder and was accompanied by headache, tinnitus, decreased hearing, and a feeling of congestion in her right ear. Symptoms were not reduced by medication or other dental treatments."

The patient underwent chiropractic care and improved significantly. During the first five months, her jaw pain decreased; her ability to eat solid foods increased; her headache intensity and frequency diminished; and her ability to open her mouth without pain improved.

After 20 months of chiropractic care, she was symptom-free beyond some fullness of the right cheek. The researchers concluded that chiropractic care "was beneficial for this patient and merits further study in similar cases." (*Altern Ther Health Med* 2005;11:70-3.)



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