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## **Chiropractic Care for Acute Whiplash Patients**

### **We Must Take up the Challenge of Research**

By Arthur Croft, DC, MS, MPH, FACO

I urge all readers to take a moment to read this message. This has to be one of the most important pieces I've written, because I must compel you all to act decisively - both for your own future, and for that of your profession.

After 20 years of research, writing, and teaching on the subject of cervical spine trauma, it's clear that chiropractic offers whiplash victims probably the best opportunity for full recovery. On the other hand, it's also clear that our voice is not as authoritative as it should be. We've all seen a steady encroachment by big business to attempt to limit patients' access to our care. Chiropractic is viewed as a luxury rather than as a necessity. Individually, we are helpless to alter this course, but collectively we have a tremendous untapped power and potential, and that's where the Center for Research into Automotive Safety and Health (CRASH) comes in. I believe the time has come for us to move away from the putting out fires approach we've traditionally followed when faced with difficult challenges, and to begin looking toward the future with preemptive and long-term strategies.

#### **The Challenge**

Automakers create cars primarily to capture your imagination. Along the way they must also satisfy emission, fuel economy, and certain safety standards. These standards are known as Federal Motor Vehicle Safety Standards (FMVSS). They require, among other things, frontal crash testing at 30 mph into fixed barriers. The National Highway and Traffic Safety Administration (NHTSA)-that's your government-defines those standards. It has tried to raise the crash test standards in recent years, but lobbyists have prevented that. So NHTSA proposed nonmandatory additional testing in the form of the New Car Assessment Program (NCAP). Here, the cars are crashed at 35 mph and receive a star rating based on

the car's and the dummy's performance. A perfect rating of five stars means that the risk of death or serious injury in that crash are very low.

The Insurance Institute for Highway Safety (IIHS), a consortium of auto insurers, takes this a step further and crashes cars into deformable barriers at 40 mph in more challenging offset impacts. But here's the challenge: (1) there is no **low-speed** performance standard or neck injury criterion; and (2) to improve their performance in these higher speed crashes, manufacturers have been making their cars progressively stiffer. The end result is that the risk for whiplash has significantly increased in recent years.

Do manufacturers know how their cars perform in low-speed crashes? Yes. Are they required to divulge that data to the public? No, it is proprietary. Does the IIHS test cars in low-speed crashes? Yes, but only to determine the cost of repairing bumpers. Quantifying an occupant risk in low speed crashes would be rather counterproductive for a consortium of insurers. And what about NHTSA? Do they conduct low-speed crashes? No.

The only other groups who have done human subject crash testing (besides the Spine Research Institute of San Diego) generally work under grants from insurers and, not coincidentally, later become the key experts for these insurers in lawsuits. This is a hugely profitable business that is often based on just a handful of crash tests.

### **Goals of CRASH**

We at CRASH are not connected with the government, nor are we behold to the insurance industry. We have no particular axe to grind in either defending or attacking any manufacturer or product. Our principal concern is with the public welfare. And believe it or not, there are no other research organizations in the U.S. doing this work! Our primary goals are to: crash test the current fleet of passenger cars; assign a low speed star rating; and make our data available to the public so that they can make informed decisions about purchasing cars on the basis of safety and crashworthiness in low-speed crashes from which, paradoxically, most chronic pain and monetary expenditures stem.

I fully expect to see our results announced on CNN and the major network news programs some day. Of course, there will also be legal implications, since both insurers and lawyers of plaintiffs will likely use this information to argue their cases. But these arguments will now be more academic and scientific, and less rhetorical and myth-based. Our results will likely also cause manufacturers to reconsider low-speed

crashworthiness. We further expect to provide legislators with the impetus for adopting a low-speed crash test regulation and a neck injury criterion.

Other goals will be to make the public aware of the enormity of this public health problem called whiplash. The misinformation foisted upon the general public from ongoing industrially-inspired junk science and highly biased television programs over the years has left in its wake a populace that largely believes whiplash is either benign or nonexistent. We also plan, through rigorous scientific research, to define optimal treatment methods and protocols - an undertaking which should not be left for those outside the health professions. And make no mistake, that will happen if we fail to act. Again, chiropractic management will likely take the lead role in the definitive management - but we have yet to prove that.

**We need research.** Do you realize that there have been no studies testing the effectiveness of chiropractic care for acute whiplash patients? We simply must take up the challenge of research, and we must do it now. But to achieve these goals will take time, determination, and, most importantly, resources. That's where you come in.

### **What CRASH Will Do for You**

Most important for you will be the fact that your profession has taken a leading role in a worthy, public health-minded action like never in its history. Eventually, we will have eclipsed all others in this field of research and will rightfully become the *de facto* experts in the field, not merely a group providing expendable luxury treatment. Think about what that means. Chiropractic will become to whiplash what dentists are to teeth. After 20 years in academia and science, I know how we can reach that goal.

We need funds to purchase equipment for crash testing. The BioRID crash test dummy alone will cost \$57,000. And we need high-speed video cameras and lots of other electronic tools that will require nearly \$200,000 to purchase. After that, we will need an operating budget. I'm encouraged to report that, after nine months, we have raised about \$50,000 through charitable donations from generous and forward-looking chiropractors, two of whom (Drs. Bill Kuntz and Steve Whitelaw) have even pledged as much as \$500/month on a permanent basis. But even with this level of extraordinary generosity, we can't sustain this project when only a small proportion of the profession supports us. That's why I'm urging everyone to give whatever monetary contribution they can afford. Please don't leave it for others to do. To make it even easier we can set up an automatic debit from your credit card account. You don't even have to think about it after that, but you'll know you're contributing to a very worthy fund every month. And we have full

tax-exempt status from the IRS as a 501c3 corporation.

So please contribute to the future of your profession. All donations are welcome, whether a one-time donation or credit debit plans-even \$10/month-can have a big impact when enough contribute. Give what you can afford, give from your heart and do it today-not tomorrow. Tell your colleagues to do the same. I am committed to keep our overhead minimal so that nearly every penny goes toward research. None of the officers of CRASH, including myself, will take any salary or compensation. As always, I am available at [drcroft@srisd.com](mailto:drcroft@srisd.com) to answer any questions you might have. To contribute, please call us at my institute (800) 423-9860 or (619) 660-8802.

Let's all, for once, stare into the future-invest in it-and imagine where it might take us.

Thanks for your help,

*Arthur Croft,DC,MS,MPH*

*Director, Spine Research Institute of San Diego*

*President, Center for Research into Automotive Safety and Health (CRASH)*

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