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How Does Your Head Restraint Measure Up?

By Arthur Croft, DC, MS, MPH, FACO

Whiplash injury, in some circles, is nearly synonymous with fraud or malingering: the claimants looked upon as priggish and their doctors as venal. Its ill-deserved reputation is besmirched by the 10 percent or so of true fraud, but the rest of the stigma can be attributed to the common association with litigation, and the diffidence that goes hand in hand with such issues.

Think about it. The so-called soft tissue lesion is hard to prove. Objective evidence is scarce. Therefore, the claimant is probably malingering, at least so goes the popular argument. We hear it every day. Even the words "soft tissue injury" cause eyes to roll and tongues to click. Take a look at the medical and chiropractic literature: with titles like *Whiplash: Illness or Injury?*, or *Whiplash: Iatrogenic Illness?*, you'll quickly realize that whiplash injuries, more than any other condition or disease, have polarized health care providers and galvanized insurers into a state of permanent denial.

No other condition, with the possible exception of psychological disorders or mild brain injury, is as well scrutinized. And yet nobody questions, for example, the migraineur. Grant monies flow freely and researchers in that area need not fear being stigmatized for believing in a condition that doesn't quite exist. And yet there seems little concern that there are no objective findings in migraine.

And consider the epidemiology of whiplash. I have reported earlier that the incidence is about 770/100,000 in the U.S. And, most outcome studies tell us that from 25-40 percent or so of the victims will have long-term pain (about 10 percent will be disabled). That tells us that conservatively about 500,000 new chronic pain sufferers are added to the mix every year. And consider the fact that over 80 percent of Americans do not properly adjust their head restraints -- a task they need to do only once. It's been estimated that by simply adjusting the head restraint, injuries could be reduced by as much as 38%. Yet nobody seems to care, partly because the condition has been trivialized by those whose interests are served by portraying the injury as a benign and minor self-limiting condition.

How are we doing on the safety engineering front? The Insurance Institute for Highway Safety recently evaluated head restraints in 164 cars.¹ They rated the restraints for appropriate geometry, and categorized the cars as good, acceptable, marginal, and poor. The results were dismal. Only five models were given good ratings, while eight were graded as acceptable, and 117 as poor. Only one American car appeared in the acceptable category. What does this mean to the driver or passenger of these cars? It means that the risk of serious whiplash injury is increased by a factor of from 1.6 to 6 when the head restraints are poorly positioned. Not surprisingly, tall drivers are at greater risk than shorter drivers. Here's a partial list of the results:

Good

Honda Civic Del Sol

Porsche 911

Volvo 850

Volvo 940

Volvo 960

Acceptable

BMW 525i

BMW 540i

Mercedes E class

Mercedes S class

Mercedes SL class

Mercury Villager

Nissan Altima

Saab 900

Poor

Acura Legend

Audi 90

Audi A6 BMW 318i

Buick Century

Buick Regal
Cadillac DeVille
Cadillac Eldorado
Chevrolet Astro
Chevrolet Camaro
Chevrolet Caprice
Chevrolet Lumina
Chrysler Cirrus
Chrysler New Yorker
Chrysler Town & Country
Dodge Avenger
Dodge Caravan
Dodge Neon
Dodge Viper
Eagle Talon
Ford Aerostar
Ford Escort
Ford Mustang
Ford Taurus
GMC Safari
Hyundai Accent
Infiniti G20
Infiniti J30
Jaguar XJS
Lexus GS/SC 300/400
Lincoln Continental
Lincoln Towncar
Mazda 626
Mercury Cougar
Mitsubishi 3000 GT
Nissan 300ZX

Nissan Sentra

Oldsmobile Cutlass Ciera

Oldsmobile Ninety-Eight

Pontiac Bonneville

Pontiac Firebird

Saab 9000

Saturn SC

Toyota Celica

VW Cabrio

VW Golf

VW Jetta

Reference

1. How bad are they? Restraints in 117 of 164 cars rated poor. *Accid Reconstr J* 7(5):54, 1995.

Arthur Croft, MS, DC, FACO

San Diego, California

Click [here](#) for more information about Arthur Croft, DC, MS, MPH, FACO.



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