

Commonly Accepted Guidelines for Treatment of Whiplash Injuries

Adapted with permission of Arthur C. Croft, Ph.D.(c), D.C., M.S., M.P.H., F.A.C.O. and as published in the Management of Whiplash Associated Disorders by the International Chiropractors Association of California. Accepted as a whiplash guideline by the National Guideline Clearinghouse of the U.S. Department of Health & Human Services

First determine the “grade” of injury from Chart A. Chart B indicates the appropriate terminal points for treatment and duration.

Chart A	Prominent findings associated with each grade of whiplash injury						
Grade I	Minimal: No limitation of motion; no ligamentous injury; no neurological findings.						
Grade II	Slight: Limitation of motion; no ligamentous injury; no neurological findings.						
Grade III	Moderate: Limitation of motion; ligamentous injury; neurological findings may be present.						
Grade IV	Moderate to severe: Limitation of motion; ligamentous injury; neurological findings present; fracture or disc derangement.						
Grade V	Severe: Requires surgical management/stabilization.						

Chart B	Daily	3x/wk	2x/wk	1x/wk	1/mo	Duration	Total TxS
Grade I	1 wk	1-2 wk	2-3 wk	<4 wk	Possibly for re-exam	<11 wk	<21
Grade II	1 wk	<4 wk	<4 wk	<4 wk	<4 mo	<29 wk	<33
Grade III	1-2 wk	<10 wk	<10 wk	<10 wk	<6 mo	<56 wk	<76
Grade IV	2-3 wk	<16 wk	<12 wk	<20 wk	May require permanent PRN care	May require permanent PRN care	varies
Grade V	Surgical stabilization required--may require chiropractic care post-surgery.						

The above parameters are also known as the *Croft Whiplash Guidelines*. They represent the most widely quoted and accepted treatment parameters for the various grades of whiplash injury. Unfortunately, these same guidelines are sometimes used inappropriately. As Dr. Croft has stated to me in personal communications and in an article we jointly wrote, there are limitations in the above parameters. The terminal points indicated above are for the more complicated cases only. They are not meant to be “recommendations” or “allowances.” The care rendered to a whiplash patient still needs to be justified by proper documentation and the use of appropriate evaluation and treatment methods.