

There's hope after car crash whiplash

Jim Magsamen can speak freely about it now. But July 7, 1985, was a day that left him wondering what curveball life would throw next.

"My dad, uncle and I were coming back from a Canadian fishing trip early on a Sunday morning," the 63-year-old from rural Seymour, Illinois, recalls. "My dad fell asleep driving. We hit a concrete bridge head on.

"I got a crushed T12 [vertebra] and whiplash in my neck from hitting the windshield."

Magsamen was able to have a successful career building houses. He used a back brace and other remedies. But he says the pain from the crash slowly got worse over the years. Among other things, the discomfort would reach down through his shoulders, arms and hands at night.

"It would wake me up every hour," he says.

But Magsamen is now singing a cautiously optimistic tune after a pair of epidural injections in the neck from [Zeeshan Ahmad, MD](#), a spine physiatrist in pain management at OSF HealthCare. It's a common treatment that gives car accident survivors hope for a normal life.

What happens in a crash

Dr. Ahmad says a common car crash injury is whiplash, which stresses the neck.

"In rear-end accidents, the driver's neck goes into an extension right away. [The neck] going back is followed by a sudden movement forward," Dr. Ahmad explains.

"The front part of the spine has ligaments. When the neck goes back, there's a tendency for those ligaments to get strained," Dr. Ahmad adds. "When the neck goes forward, the back ligaments can get strained."

Severe whiplash injuries, especially in older adults, can also cause the discs in your spine to bulge, pinch a nerve and cause pain in other areas. Pain can extend down to your lower back and, in rare cases, to your feet.

Treatment

Dr. Ahmad says if an X-ray shows no bone fractures, a person usually starts with physical therapy and medication, including anti-inflammatories and muscle relaxers. Most people get better this way, he says. For the 20% who don't, Dr. Ahmad says a provider may order magnetic resource imaging (an MRI) to rule out issues like a herniated disc or spinal stenosis. If those issues are not present, a provider will consider an injection into a joint, where bones meet, or the epidural, a fat-filled area around the spinal cord. Providers typically use lidocaine and/or a steroid for these injections.

"When the medicine goes in, it will bathe the nerve and the disc. The swelling of the disc and nerve will get better," Dr. Ahmad says. "A swollen nerve becomes less swollen. A bulging disc retracts. All of this makes the canal roomier for the nerve."

Dr. Ahmad points out a few things about the injection procedure. One, providers don't go in blind. A special camera focuses on the person's back or neck and allows the provider to pinpoint where they suspect the problem is, numb the area and give the medicine. In that sense, injections are diagnostic and therapeutic.

"If you're worried about the needle, it's nothing," Magsamen assures. "It's a very simple procedure."

From there, it's a matter of how long the person has pain relief. Injections could become a once or twice-a-year thing. In cases where injections don't help, a provider will consider surgery.

Magsamen hopes he can keep living his "semi-retired" life with family, friends without having to go the surgery route.

"Each night seems to be slowly getting a little better," he says.