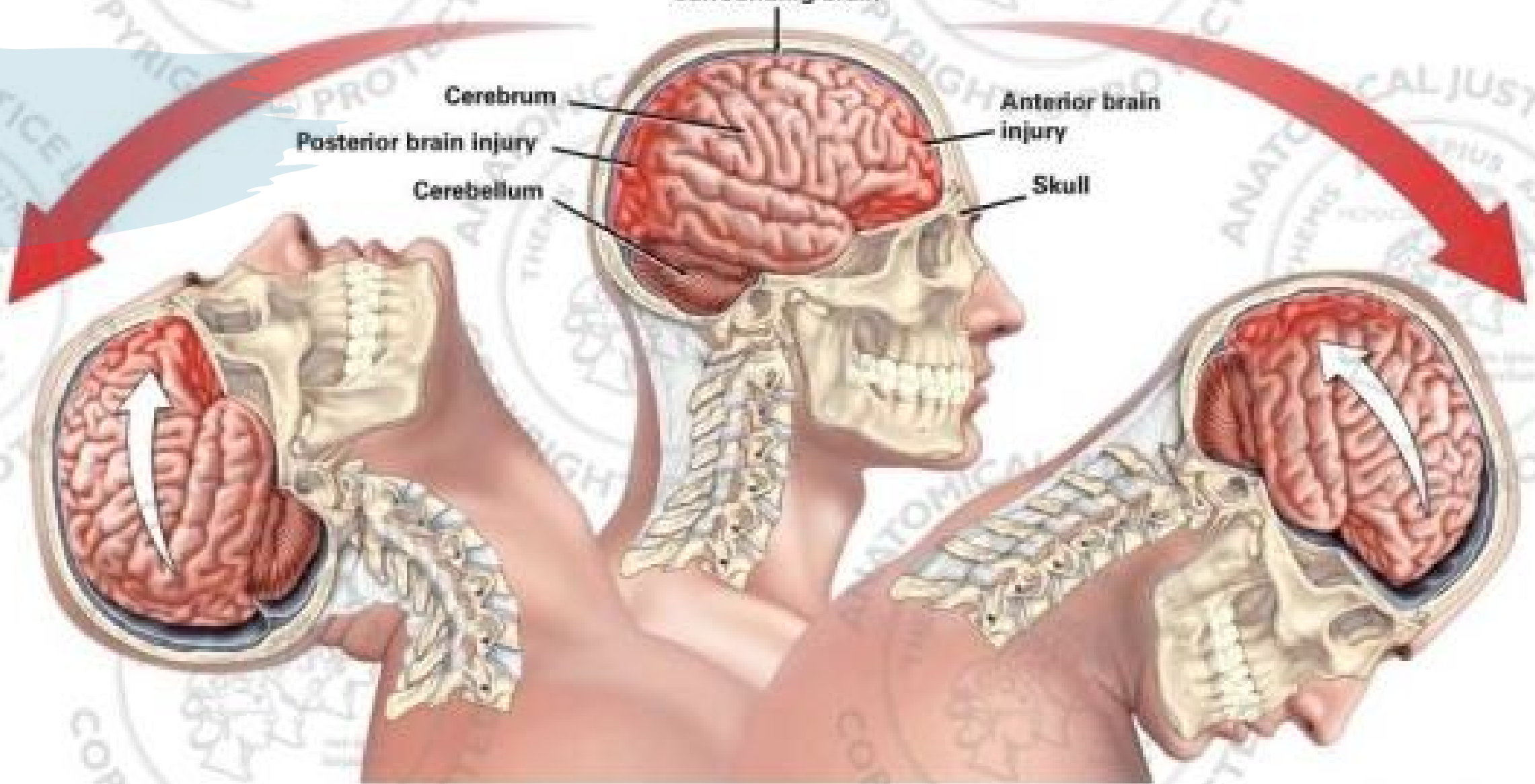




# Whiplash

IMBER COPPINGER, DO  
OHIO OSTEOPATHIC SYMPOSIUM  
APRIL 23<sup>RD</sup>, 2023



### Hyperextension

Sudden backward acceleration of the skull causes the brain to move forward inside the skull, striking the front of the skull.

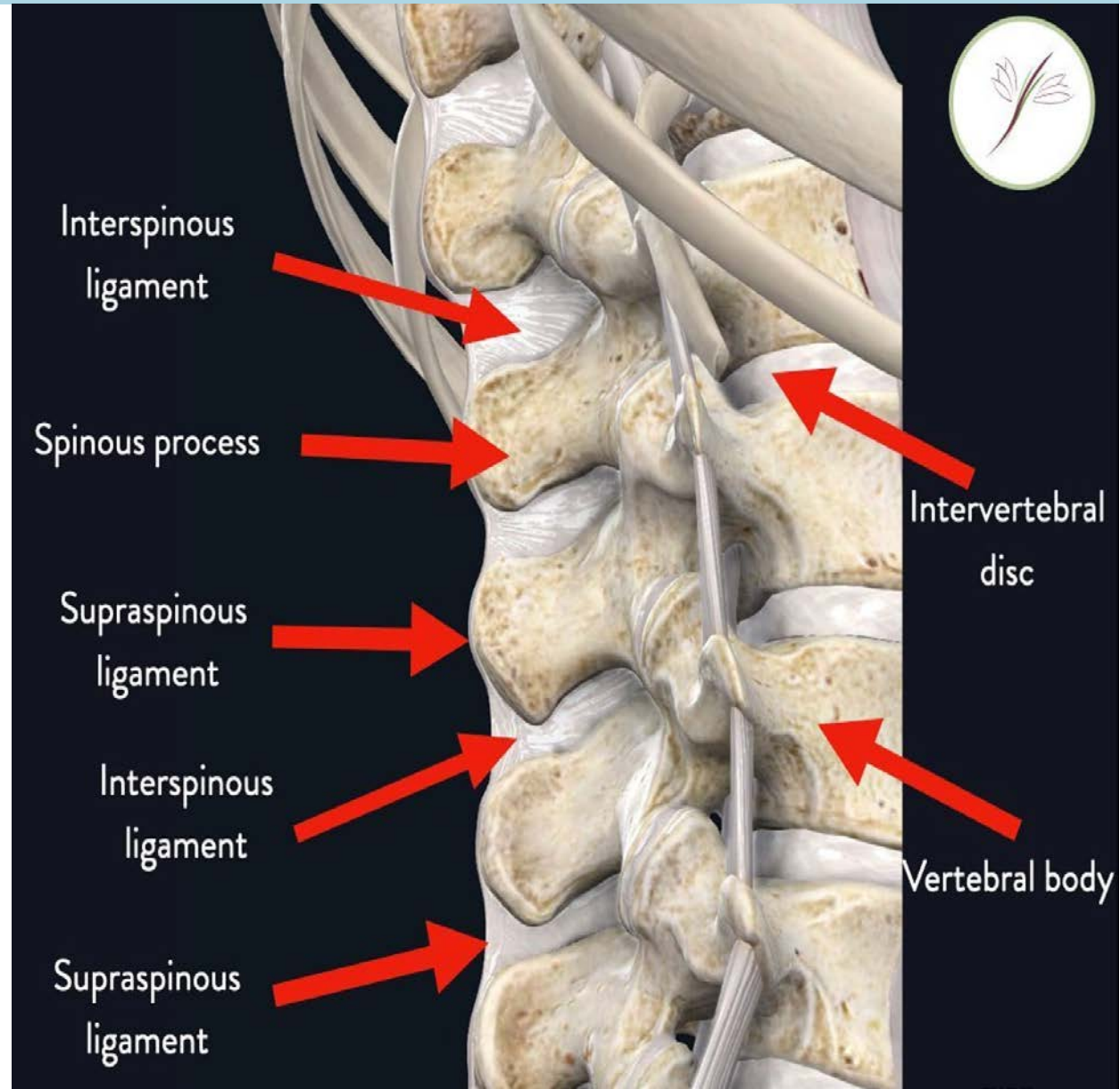
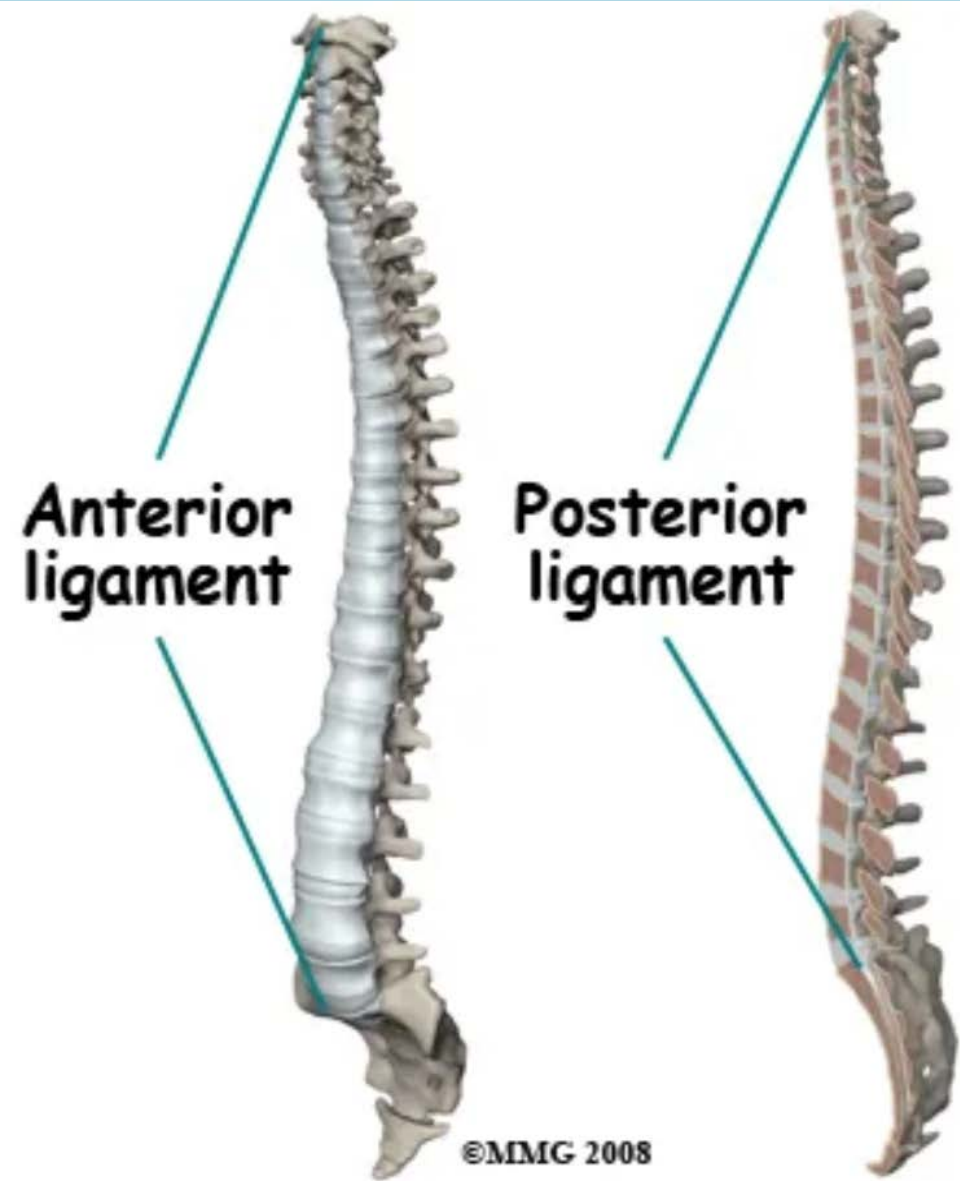
# Coup-Contrecoup

Photo credit: [anatomicaljustice.com](http://anatomicaljustice.com)

### Hyperflexion

The head recoils forward and suddenly stops. The brain shifts backward, striking the back of the skull.

# Anatomical Considerations:





# Anatomical Considerations:

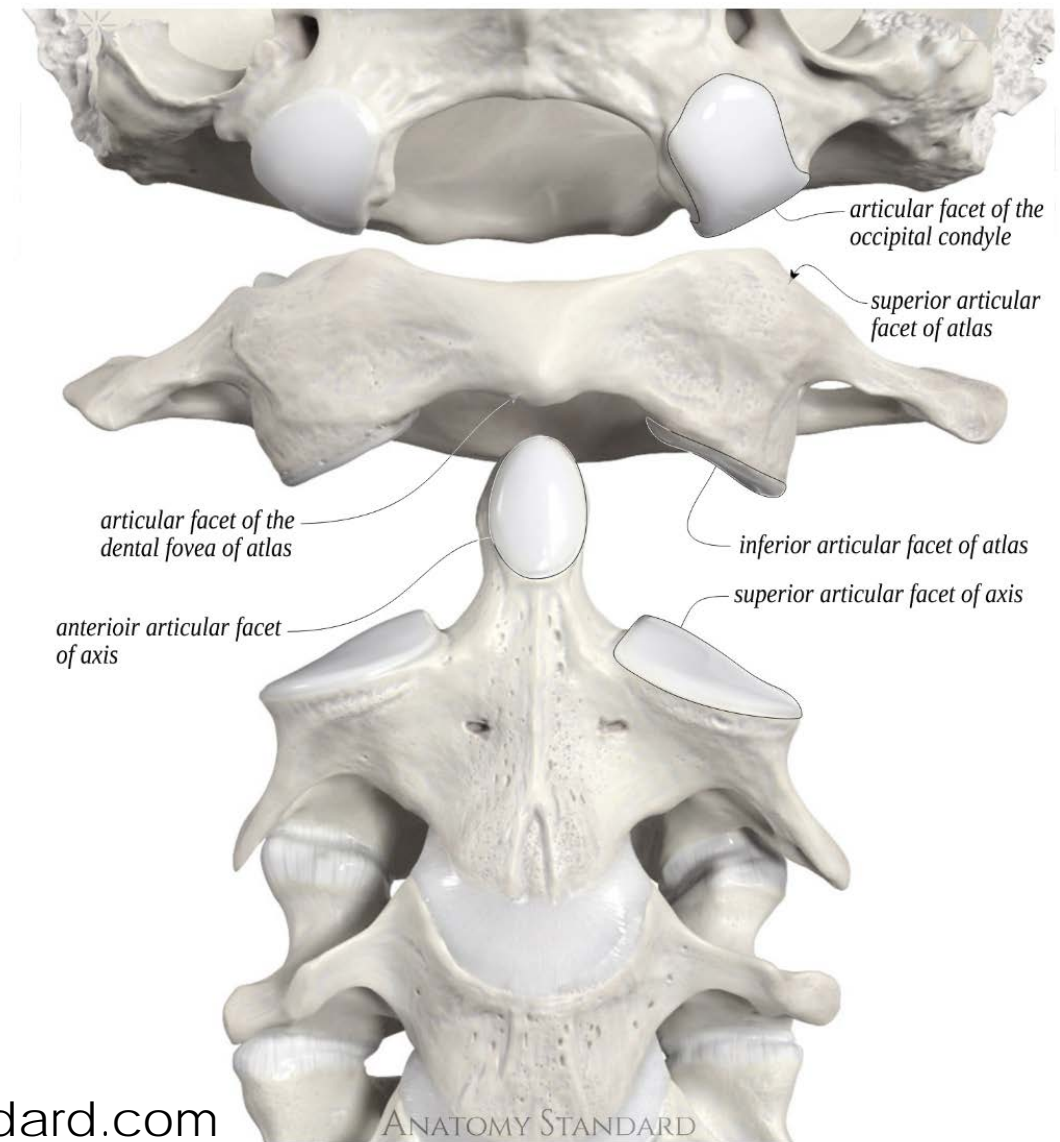
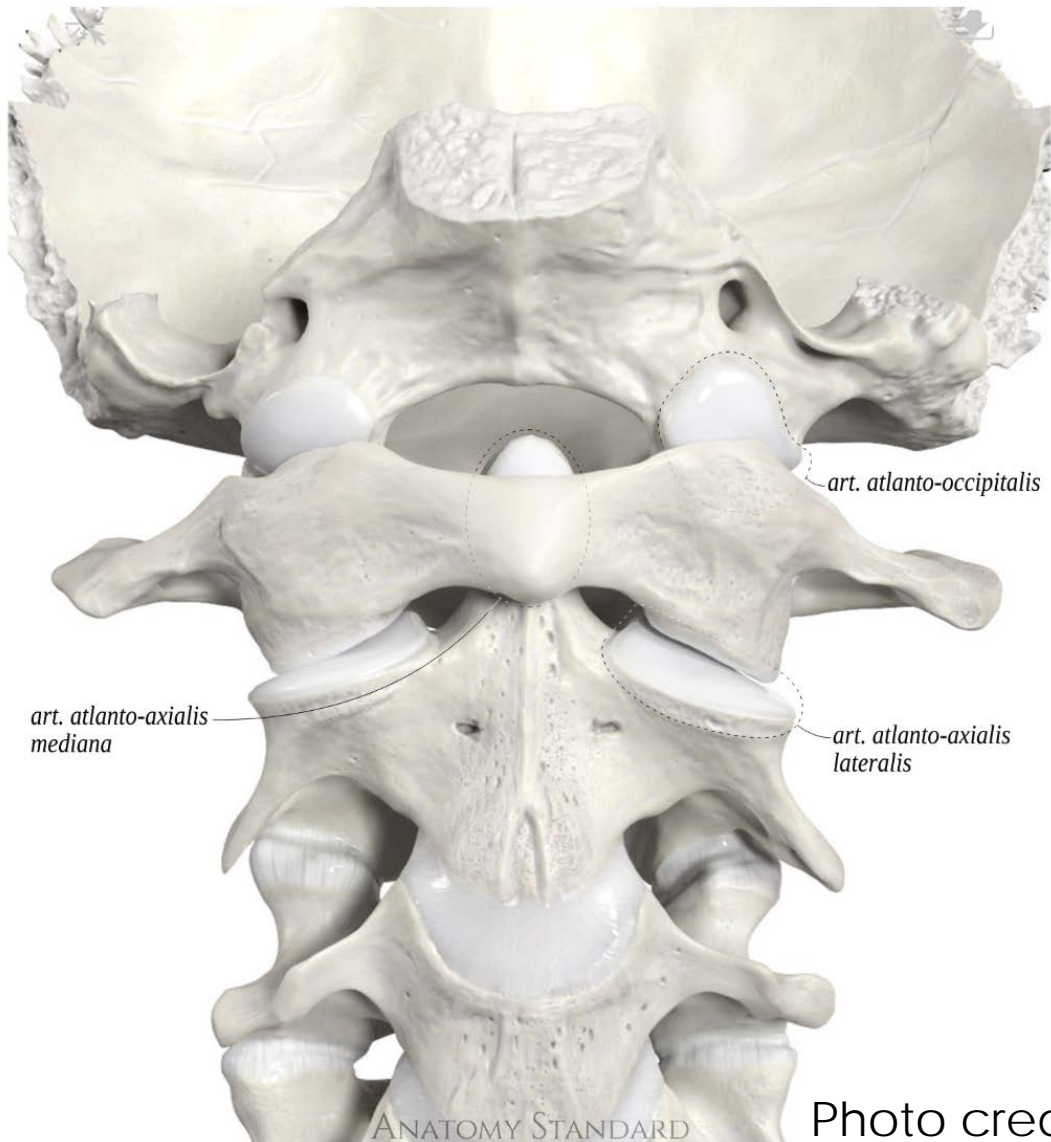
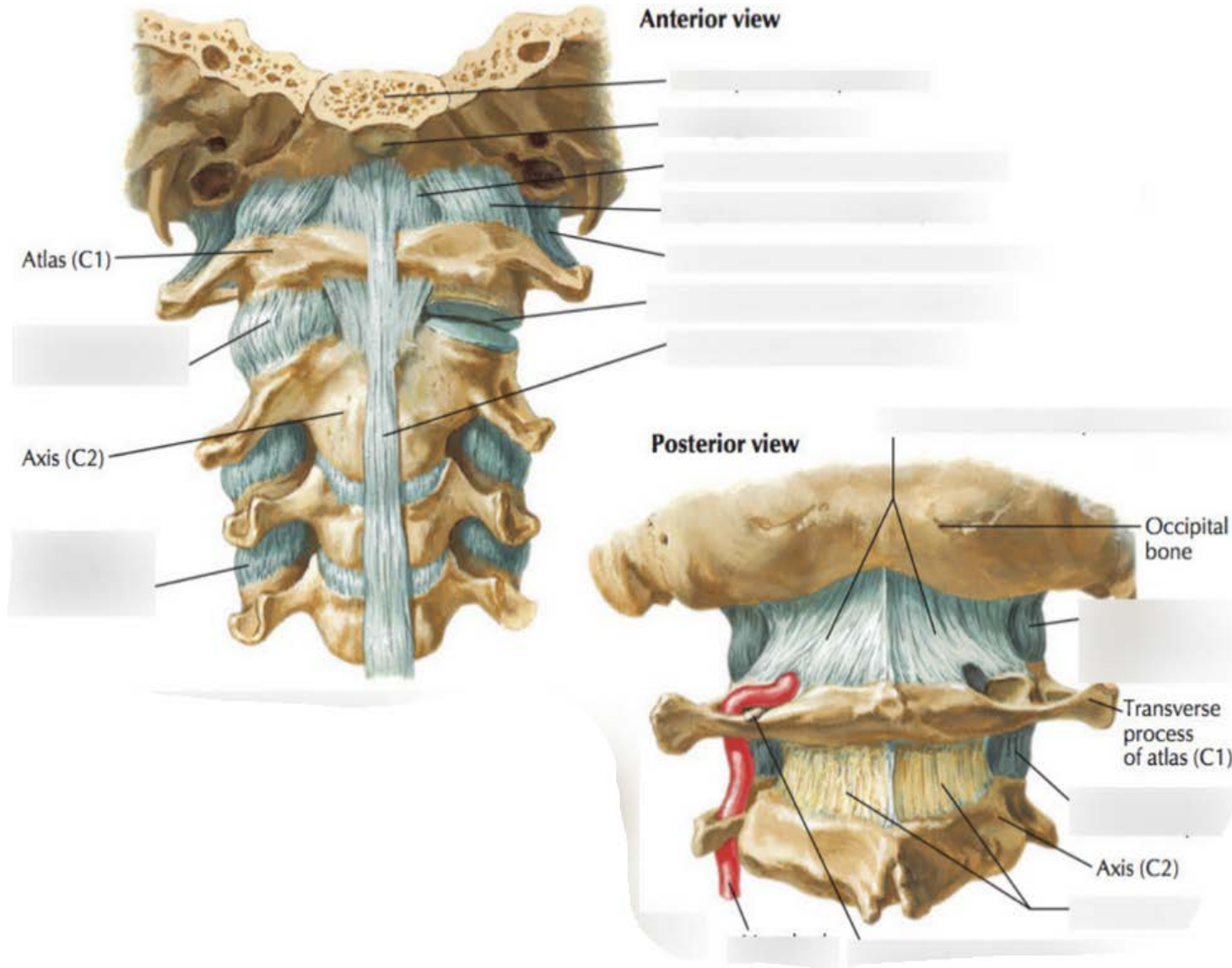


Photo credit: [anatomystandard.com](http://anatomystandard.com)

# Anatomical Considerations:





# Treatment One

DECOMPRESS THE  
SACRUM FROM THE  
PELVIS

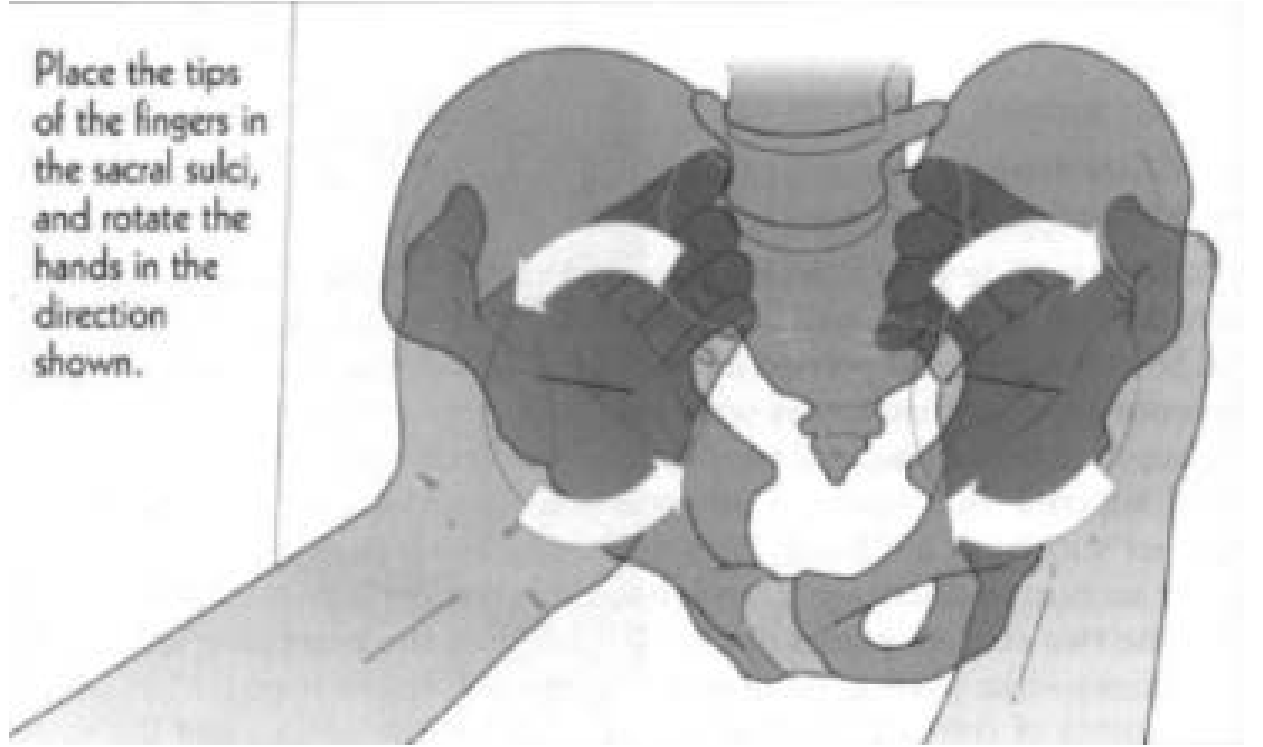
# Diagnosing an Inferior Jammed Sacrum

1. Have patient dorsiflex and then plantarflex their feet
2. If patient's sacrum and innominates move together en bloc, then the sacrum is jammed inferiorly into the pelvis



Photo credits: Nicholas and Nicholas Atlas of Osteopathic Techniques

Place the tips of the fingers in the sacral sulci, and rotate the hands in the direction shown.



**Sacral Decompression:  
to lift an inferior sacrum**





# Treatment Two

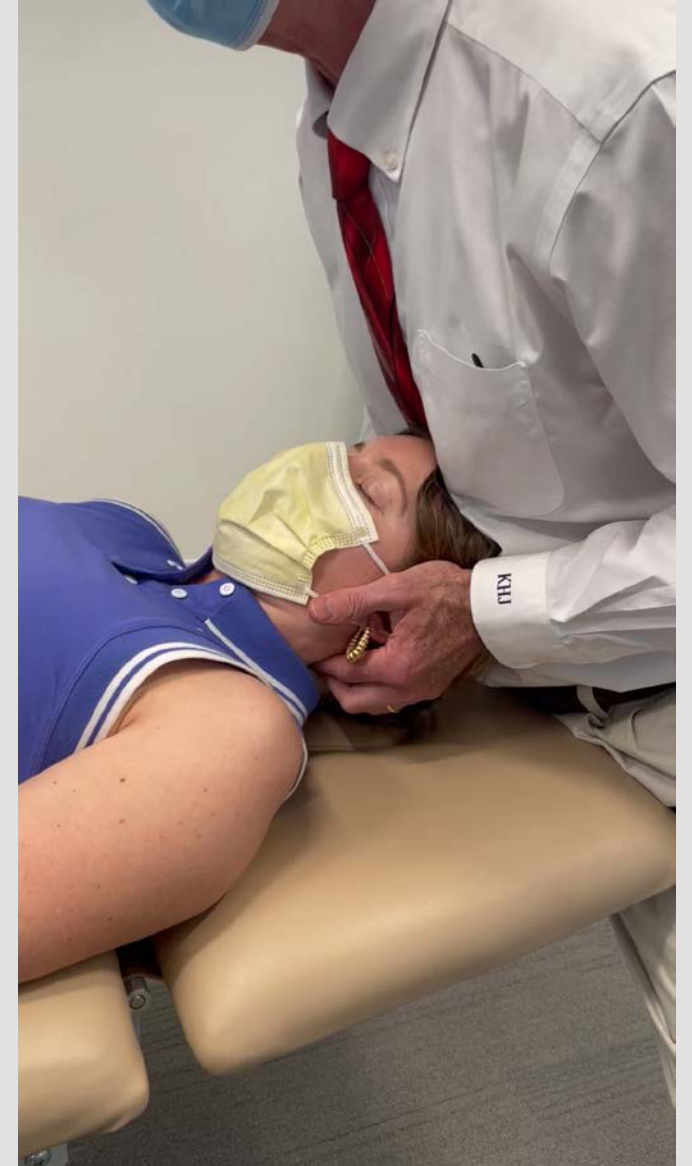
MEDIUM-VELOCITY,  
MEDIUM AMPLITUDE  
CERVICAL  
ARTICULATORY

# Medium-Velocity, Medium Amplitude Cervical Articulatory

1. Have patient scoot up so their head is off the edge of the table
2. Lean into patient's head with your belly until the tissue's soften
3. With medium-velocity, medium amplitude: articulate the cervical spine in rotation and translation



# Medium- Velocity, Medium Amplitude Cervical Articulatory

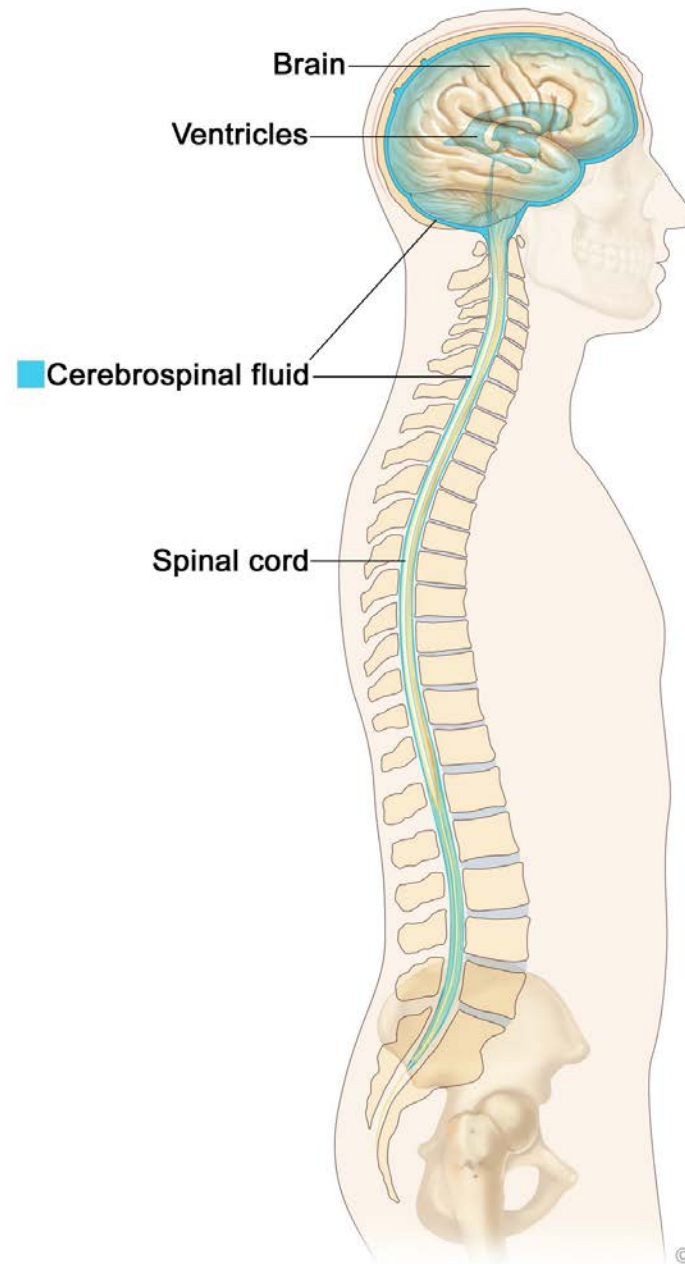




# Treatment Three

DURAL SHOCK  
TREATMENT

# Dural Shock







# **Dural Shock: Findings**

- Place hand on patient's shoulders and everything is hard
- There is no translation of the vertebrae of the spine

# Dural Shock: Treatment

## Ethmoid

Place your hand superior to the nasion and motion test the ethmoid

## Coccyx

Place your hand on the coccyx and motion test the coccyx

## Treat

Treat the more restricted bone (ethmoid or coccyx) from the least restricted bone using BLT of the dura

## Recheck

Recheck the shoulders for hardness and translation of the vertebrae of the spine

# Anatomical Considerations:

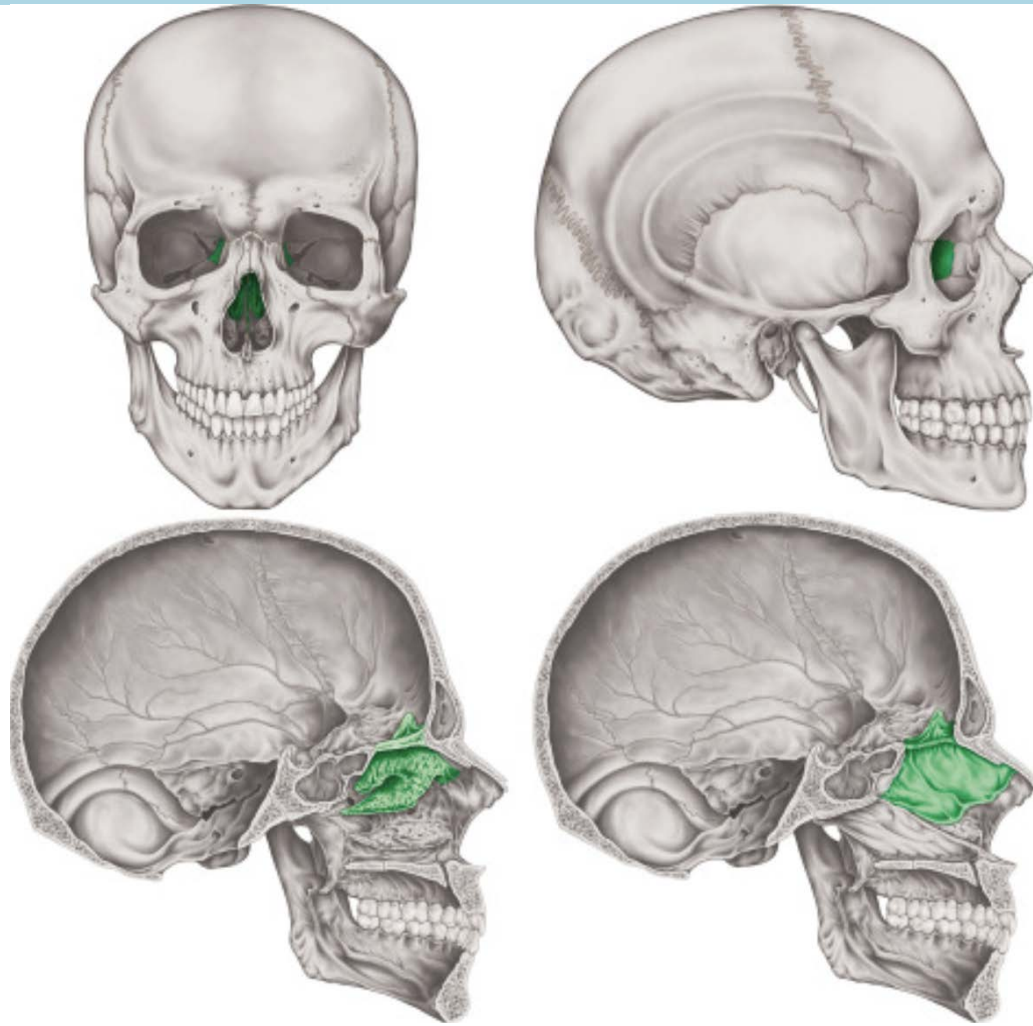


Photo credit: sciencedirect.com

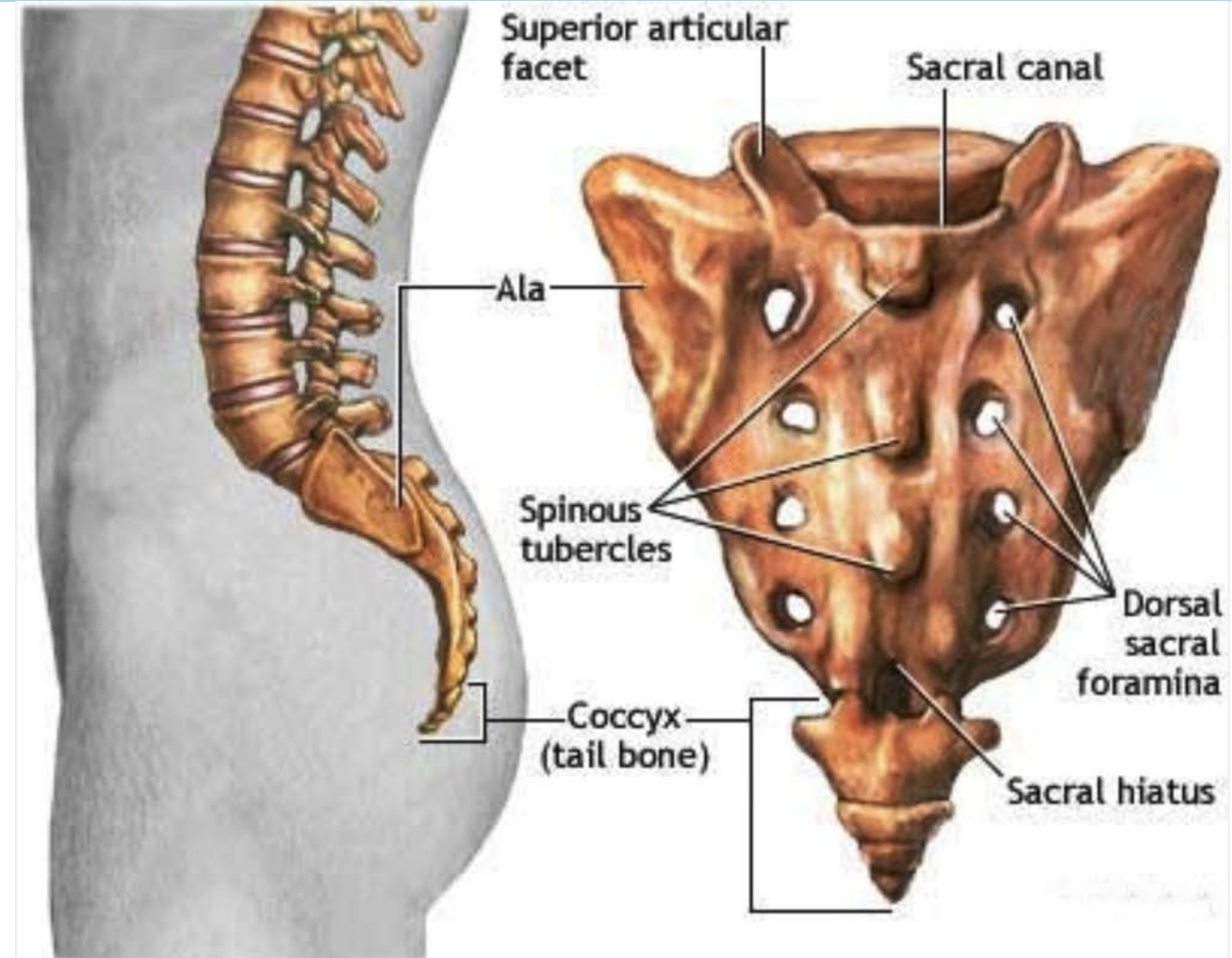


Photo credit: disc-me.com

# References

- Beck, C. (2023, March). *Sequencing Intermediate: Locating and Treating Shock in the Body*. Lecture, Colorado Springs.
- Becker, R. E. (1964). Whiplash Injuries. *Academy of Applied Osteopathy Yearbook*, 91–95.
- Johnson, K. (2023, April). *Geriatric OMM*. Athens.



# **A link to Dr. Becker's Whiplash Article:**

<https://www.dropbox.com/s/0zg6ftk77w4g86n/Whiplash%20Dr%20becker.pdf?dl=0>





# Osteopathy Unplugged

*A podcast by:*  
**Steve Paulus, DO**  
&  
**Bonnie Gintis, DO**

PATREON ACCESS TO COMPLETE  
COLLECTION

# My OMM Procedure Note – Please Use!

Due to the significant somatic findings, the decision was made to perform osteopathic manipulation to both the primary area of dysfunction as well as areas of compensatory change.

## Osteopathic Manipulation

Indication: Somatic Dysfunction

After obtaining verbal consent, patient was treated today with Osteopathic manipulation using: indirect myofascial release, cranial osteopathy, muscle energy, FPR

Areas treated:

\* Head: M99.00

\* Cervical M99.01

\* Thoracic: M99.02

\* Lumbar: M99.03

\* Sacrum: M99.04

\* Pelvis: M99.05

\* Lower Extremity: M99.06

\* Upper Extremity: M99.07

\* Ribs: 99.08

\* Abdomen/other: M99.09

Patient Tolerance and Post Treatment: Patient tolerated the procedure well and had objective changes including improved mechanics.

If patient or parent has any questions or concerns, they are advised to call the clinic.

OMM Procedure Codes:

98929-OMT/OMM 9-10 regions