

A CAUSAL DISPOSITIONALIST APPROACH IN THE MANAGEMENT OF WHIPLASH ASSOCIATED DISORDERS (WADs) A CASE-REPORT

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BACKGROUND

Whiplash-associated disorders (WADs), describing various clinical manifestations that can occur in parallel to neck pain after whiplash injury, are the most common personal injuries reported after motor vehicle crashes. In the following case-report, it will be elucidated the causal dispositionalist framework utilized in the management of the clinical complaint, reported by the patients after a car accident.

METHODS

D.T., 50-year-old woman, full-time occupational therapist, refers neck pain, associated with dizziness sensation and typical cervicogenic headache, after a car collision occurred three months ago.

According to Sterling's classification, the clinical presentation of the patient can be referred to a WAD, grade IIC.

High scores on patient-related outcome measures (PROMs) like Neck Disability Index (NDI) [37/50], Örebro Musculoskeletal Pain Screening Questionnaire (OMPSQ) [76/100], Fear-Avoidance Beliefs Questionnaire (FABQ) [54/96], Tampa Scale of Kinesiophobia (TSK) [41/52], Impact of Event Scale (IES) [56/60], and Pain Self-Efficacy Questionnaire (PSEQ) [13/60] delineate the need of a multidisciplinary intervention and multimodal pain assessment and management, to prevent the transition to persistent pain state and amend the derived disability.

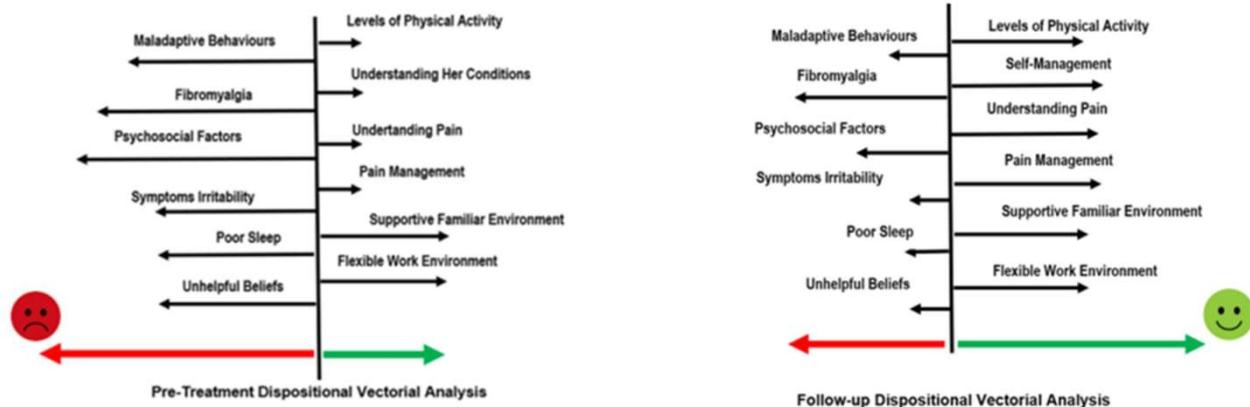
RESULTS

The therapeutic process took three months with fourteen clinical encounters and a six-months follow-up, to review the capacity of the patient's self-management. The analysis of PROMs showed a good recovery of cervical functions [(NDI (2/50))] and a consistent improvement of psychosocial profile, with sensible reductions of OMPSQ [10/100], FABQ [0/96] TSK [13/52], IES [28/60], and PSEQ [58/60] scores.

CONCLUSIONS

A causal dispositionalist framework can make a difference in the management of WADs: guided by a multidimensional evaluation that encompass biomedical, psychological, social, and experiential components, it enables the construction of a narrative and intersubjective space between the clinician and the patient, where the characteristics of both can find a space headed towards a narrative shared sense-making process and an appropriate engagement, to foster the therapeutic alliance.

A dispositional patient-centred approach permits the building of a mind-map about the characteristics of the unique clinical presentation and favours, through a vectorial analysis of the tendencies or dispositions showed by the patient, a deeper understanding of the causal variables – conducive or preventative – that come into play in the extrinsic of the clinical scenario.



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