***Effectiveness of conservative multimodal physiotherapy in chronic whiplash-associated disorders in individuals with or without posttraumatic stress symptoms: A pilot series of Single Case Experimental Designs (SCEDs)***

Script for RA:

My name is \_\_\_\_\_\_\_ from the Recover Injury Research Centre at The University of Queensland. I understand you were in a car accident recently and you still have neck pain?

We are doing a trial, trying to improve the way that whiplash injuries like yours are treated.

Although physiotherapy is commonly used following whiplash injury, there have been no studies to see if it is more effective for different sub-groups of individuals, such as those with and without post-traumatic stress symptoms. We are comparing the effectiveness of physiotherapy in people with post-traumatic stress symptoms and people without.

In this study, you will need to come to UQ twice a week for 4 weeks to receive best evidence physiotherapy treatment. You will need to fill out questionnaires about your pain and a daily symptom diary, You will find out how effective physiotherapy is for you, and we will be able to add up the results from people like yourself and compare the effectiveness of physiotherapy in individuals with post-traumatic stress symptoms and those without, overall.  
  
Are you interested in participating?

Before you can proceed into the trial, we need to check if you are eligible. To do this, we would like you to answer some questions.

**RA to ask the following questions over the phone, or send a link to REDCap so the patient can do them online.**

# Section 1 – General questions

1.1 How old are you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.2 When was your accident?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.3 Did you have neck Xrays or CT scans at the time of injury? Yes/No

1.4 If yes, what were the results?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.5 How much pain have you had in your neck over the last 24 hours on average, on a scale of 0-10, where 0 is no pain and 10 is the worst pain you ever had?\_\_\_\_\_\_\_\_\_\_\_\_

# Section 2 – Neck Disability Index (NDI)

This questionnaire has been designed to give us information as to **how your neck pain has affected your ability to manage in everyday life. Please answer every section** and mark in each section **only the one box that applies to you.** We realise you may consider that two or more statements in any one section relate to you, but please just mark **the box that most closely describes your problem right now.**

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| --- | --- | --- |
| * 1. **PAIN INTENSITY** * I have no pain at the moment. * The pain is mild at the moment. * The pain comes and goes and is moderate. * The pain is moderate and does not vary much. * The pain is severe but comes and goes. * The pain is severe and does not vary much. | * 1. **READING**       + - I can read as much as I want to with no pain in my neck.        - I can read as much as I want with slight pain in my neck.        - I can read as much as I want with moderate pain in my neck.        - I cannot read as much as I want because of moderate pain in my neck.        - I cannot read as much as I want because of severe pain in my neck.        - I cannot read at all. | * 1. **DRIVING** (omit this question if you never drive a car when in good health)   + I can drive my car without neck pain.   + I can drive my car as long as I want with slight pain in my neck.   + I can drive my car as long as I want with moderate pain in my neck.   + I cannot drive my car as long as I want because of moderate pain in my neck.   + I can hardly drive my car at all because of severe pain in my neck.   + I cannot drive my car at all. |
| * 1. **HEADACHE**   + I have no headaches at all.   + I have slight headaches which come infrequently.   + I have moderate headaches which come infrequently.   + I have moderate headaches which come frequently.   + I have severe headaches which come frequently.   + I have headaches almost all the time. |
| * 1. **PERSONAL CARE**      + I can look after myself without causing extra pain.      + I can look after myself normally but it causes extra pain.      + It is painful to look after myself and I am slow and careful.      + I need some help, but manage most of my personal care.      + I need help every day in most aspects of self-care.      + I do not get dressed, I wash with difficulty and stay in bed. | * 1. **NECK PAIN AND SLEEPING**   + I have no trouble sleeping.   + My sleep is slightly disturbed (less than 1 hour sleepless).   + My sleep is mildly disturbed (1-2 hours sleepless).   + My sleep is moderately disturbed (2-3 hours sleepless).   + My sleep is greatly disturbed (3-5 hours sleepless).   + My sleep is completely disturbed (5-7 hours sleepless). |
| * 1. **CONCENTRATION** * I can concentrate fully when I want to with no difficulty. * I can concentrate fully when I want to with slight difficulty. * I have a fair degree of difficulty concentrating when I want to. * I have a lot of difficulty concentrating when I want to. * I have a great deal of difficulty concentrating when I want to. * I cannot concentrate at all. |
| * 1. **LIFTING**      + - I can lift heavy objects without extra pain        - I can lift heavy objects but it causes extra pain        - Pain prevents me from lifting heavy objects off the floor, but I can if they are conveniently positioned, for example on a table.        - Pain prevents me from lifting heavy objects, but I can manage light to medium weights if they are conveniently positioned.        - I can lift very light weights.        - I cannot lift or carry anything at all. | * 1. **RECREATION**   + I am able to engage in all recreational activities with no pain in my neck at all.   + I am able to engage in all recreational activities with some pain in my neck.   + I am able to engage in most, but not all recreational activities because of pain in my neck.   + I am able to engage in a few of my usual recreational activities because of pain in my neck.   + I can hardly do any recreational activities because of pain in my neck.   + I cannot do any recreational activities at all. |
| * 1. **WORK** * I can do as much work as I want to. * I can only do my usual work, but no more. * I can do most of my usual work, but no more. * I cannot do my usual work. * I can hardly do any work at all. * I cannot do any work at all. |

**Inclusion criteria (all answers to 1-5 must be yes, and one of 6a or 6b must be yes:**

|  |  |
| --- | --- |
| * + - * 1. Individuals with Grade II WAD | Y / N |
| * + - * 1. > 12 weeks since injury | Y / N |
| * + - * 1. Aged 35 -65 years | Y / N |
| * + - * 1. Neck pain on numerical pain rating scale >= 5/10 | Y / N |
| * + - * 1. Initial Neck Disability Index > 32% | Y / N |

**Exclusion criteria**: **all answers must be NO.**

|  |  |
| --- | --- |
| 1. Presence of dizziness symptoms | Y / N |
| 1. Known or suspected serious spinal pathology (e.g. metastatic disease of the spine); | Y / N |
| 1. Confirmed fracture or dislocation at time of injury (i.e., WAD Grade IV) | Y / N |
| 1. Nerve root compromise (i.e., WAD Grade III) | Y / N |
| 1. Spinal surgery in the past 12 months; and | Y / N |
| **12.** History of any mental health conditions such as bipolar disorder, psychosis, schizophrenia, anxiety or severe depression. | Y / N |