

## The Quebec Task Force on Whiplash-Associated Disorders

By Dr. Ronald J. Farabaugh, D.C., C.C.S.P. (based on the writings of Dr. Art Croft of the Spine Research Institute of San Diego.)

The QTF adopted the confusing and unorthodox definition for the term "recovery." In this context it meant merely that the injured party had returned to work. Clearly, many patients return to work, yet still require ongoing pain management to overcome their injuries to and achieve a full recovery, or recovery to maximal therapeutic benefit.

### About the Quebec Task Force:

The Quebec Task Force on Whiplash-Associated Disorders (49f) came to the conclusion that, as of 1995, the vast majority of whiplash literature was without sufficient scientific merit to include it into their analysis and "best evidence synthesis" of the whiplash problem--they threw out literally 99.4% of the literature. As Nikolai Bogduk dryly commented in its preceding editorial, it was an indictment of the literature. But, in a strange warp of a paradox found only in real life, the QTF-WAD work was shown, in the end, to be perhaps at least as unfit for the scientific community (565) as the work it condemned.

In summary, the key flaws in the paper were as follows:

- 1) The QTF's "cohort" introduced serious selection bias. Any person without a police report or anyone having any diagnostic codes in addition to 847.0, was left out of the analysis. Requirements of police reports bias toward a more plastic crash (and less severe injury) since they come to the scene only when significant property damage has accrued. Obviously, a patient with a greater number of codes is likely to be more seriously injured and excluding these people clearly biases the outcome toward a more favorable ending.
- 2) Worse still, the cohort was not examined to find out whether they were still in need of medical care or in pain. Instead, the authors determined only whether they had returned to their usual activities, meaning work or school. Note that, while national health insurance pays for medical and chiropractic care in Quebec, a supplemental insurer pays for wage loss. It was this supplemental insurer, perhaps not coincidentally, who paid for this study. Even more egregiously, **the QTF adopted the confusing and unorthodox definition for the term "recovery." In this context it meant merely that the injured party had returned to work.** In fact, the QTF never investigated whether those persons had any pain, were in treatment, or suffered any partial disability.
- 3) The QTF designed to look only at a few papers which passed muster on the grounds of scientific correctness. Although we (Croft et al) did not criticize them for throwing nearly the entire literature away--despite the fact that nearly all of the QTF authors were not experts in whiplash--we were critical of the way in which they characterized the literature they did review. For example, we've looked at the outcome studies of Norris and Watt

(109), Hildingsson and Toolanen (70), and Radanov et al. (166b). Based on those studies (and they looked at them), and assuming one is honestly going to provide a "best evidence synthesis," one is forced to conclude that not all persons recover fully. Whiplash is a big problem from a public health standpoint. Yet the QTF in many places came to quite contrary conclusions stating that, "whiplash is not harmful," "it results in temporary discomfort," and "has a favorable prognosis."

There are numerous other problems with the QTF and it is highly recommended that one consider the following paper by Croft et al. Clearly the message to all should be to read everything with care, caution, and due skepticism.

### **Critical Analysis of the Quebec Task Force:**

**Freeman MD, Croft AC, Rossignol AM. Whiplash associated disorders - redefining whiplash and its management by the Quebec task force - a critical evaluation. Spine. 1998;23:1043-1049.**

**Study Design.** The two publications of the Quebec Task Force on Whiplash-Associated Disorders were evaluated by the authors of this report for methodologic error and bias.

**Objectives.** To determine whether the conclusions and recommendations of the Quebec Task Force on Whiplash-Associated Disorders regarding the natural history and epidemiology of whiplash injuries are valid. Summary of the Background Data. In 1995, the Quebec Task Force authored a text (published by the Societe de l'Assurance Automobile du Quebec) and a pullout supplement in Spine entitled "Whiplash-Associated Disorders: Redefining Whiplash and its Management." The Quebec Task Force concluded that whiplash injuries result in "temporary discomfort," are "usually self-limited," and have a "favorable prognosis," and that the "pain [resulting from whiplash injuries] is not harmful."

**Methods.** The authors of the current report reviewed the text and the supplement for methodologic flaws that may have threatened the validity of the conclusions and recommendations of the Quebec Task Force.

**Results.** Five distinct and significant categories of methodologic error were found. They were: selection bias, information bias, confusing and unconventional use of terminology, unsupported conclusions and recommendations, and inappropriate generalizations from the Quebec Cohort Study.

**Conclusion.** The validity of the conclusions and recommendations of the Quebec Task Force regarding the natural course and epidemiology of whiplash injuries is questionable. This lack of validity stems from the presence of bias, the use of unconventional terminology, and conclusions that are not concurrent with the literature the Task Force accepted for review. Although the Task Force set out to redefine whiplash and its

management, striving for the desirable goal of clarification of the numerous contentious issues surrounding the injury, its publications instead have confused the subject further. [References: 32]. Cervical Sprain/ Epidemiology/ Quebec Task Force on Whiplash-Associated Disorders/ Soft-Tissue Injuries/Common Whiplash/ Cervical-Spine/ Psychosocial Stress/ Car Accidents/ Follow-up/ Neck/ Disability/ Recovery.

***About Dr. Farabaugh: Dr. Farabaugh has been in practice since 1982. He is certified in LOW SPEED REAR IMPACT CRASH RECONSTRUCTION through the Spine Research Institute of San Diego (SRISD), and holds a subspecialty as a Certified Chiropractic Sports Physician. He was appointed by Governor Voinovich to serve on the Healthcare Quality Advisory Council, which helped design the new QHP, and HPP systems for Worker's Compensation in Ohio. He is also Past President of the Ohio State Chiropractic Association where he now serves as Treatment Guideline Chairman (2001-2003).***

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