SOUND INJURY
&ELECTRODIAGNOSTICS
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THE CAR ACCIDENT INJURY CORE MISMATCH

Three injuries happen at once. Most care treats one at a time. That is why people get stuck.

A collision does not injure one system. In the same fraction of a second it strains tissue, it switches on a protective alarm, and it disrupts how the brain processes vision and balance. Almost everyone comes in for the first one. The other two usually never come up. Here is what I actually see, in rough order of how often I see it.

1. Myofascial Pain and Trigger Points

At impact your muscles fire hard to protect the spine, and some never let go. What remains is a sustained involuntary contraction, a myofascial dystonia: taut bands that stay switched on, choke off their own blood supply, and turn hypersensitive. That one problem causes local pain, refers pain somewhere else entirely, and drags joints out of position and keeps them there. It is why joints "keep going out." They are being pulled, all day, by a muscle that never stopped contracting.

> ***Why it gets missed:*** *nothing is torn, so the MRI is normal. It gets mistaken for nerve damage, for a disc, and for a joint that will not hold an adjustment. All three are usually the same dystonia wearing a different mask.*

2. Sacroiliac Joint Pain

The pelvis absorbs the collision through the seat and the lap belt. The SI joint gets loaded and irritated, then refers pain into the buttock, the groin, and down the back of the leg.

> ***Why it gets missed:*** *it feels exactly like sciatica, so the search goes to the lumbar spine. The MRI is unremarkable and the search stops, while the joint actually driving the pain sits a few inches lower.*

3. Post-Traumatic Stress and Nervous System Activation

In one second your nervous system learned that the world can hurt you without warning, so it stays on watch: hypervigilance, avoiding driving, broken sleep, and pain amplification, where ordinary signals get read as dangerous. This is not weakness and it is not imagination.

> ***Why it gets missed:*** *nobody asks. People who were NOT at fault reliably do worse than the drivers who caused the crash, despite similar forces. The difference is not physical. It is control.*

4. Concussion and Post-Concussion Symptoms

Your head does not have to hit anything. Rear-end collisions generate rotational forces in the concussive range on their own. Concussion is metabolic and functional rather than structural, which is why the CT and MRI look normal. What you feel is brain fog, visual strain, light and noise sensitivity, and cognitive fatigue by mid-afternoon.

> ***Why it gets missed:*** *it is often not diagnosed in the emergency department, because the neck pain dominates the visit and the imaging is clean.*

5. Everything Else

Cervical strain and whiplash mechanics. True radiculopathy, which EMG can confirm or rule out. Disc and facet pain. Psoas spasm from bracing against the floorboard.

> ***Why it gets missed:*** *these are the injuries everyone is already looking for, so they are far more likely to be found. Real, treatable, and simply less common than the four above.*

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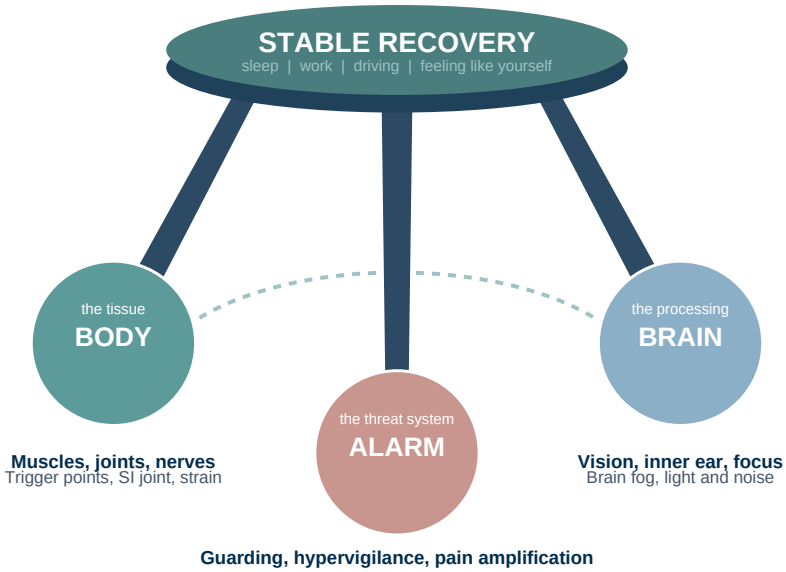
THREE LEGS OF ONE STOOL

The three feed each other. Tight muscles keep the alarm on; the alarm keeps the muscles tight; an overloaded brain makes both worse.



Why One Leg at a Time Does Not Work

Body Almost always mentioned. Trigger points, the SI joint, strained tissue, irritated nerve roots.

Alarm Rarely asked about. The threat system stays on, raising muscle tone, amplifying pain, wrecking sleep.

Brain Ruled out, then dropped. A normal scan means nothing is broken, not that the system is working.

Physical therapy, chiropractic, and massage treat the Body leg. Counseling treats the Alarm leg. Neurology and vestibular therapy treat the Brain leg. Every one of those providers is doing good work. The problem is never the leg they treat. It is the two nobody is watching.

What I do.

Sort out which symptom belongs to which leg, using careful examination and, where it matters, EMG and nerve conduction testing. Treat the physical directly with trigger point injections and hydrostatic IMS. Then keep the rest of your team pointed in the same direction instead of past each other.

What To Do Now

- You do not need a referral, and you do not need to wait for an adjuster.
- Washington PIP covers medical care regardless of who was at fault.
- The sooner an injury is documented, the cleaner both your recovery and your claim.
- Bring the parts that feel like they belong somewhere else. They usually belong here.

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