The society manages the NRH-Fund with the main purpose of collecting gifts – this memorial fund was established to honor and ensure the continuation of Tomas Alsbro’s work and commitment in the dissemination of information and knowledge about neck, back and brain injury due to trauma. The fund’s purpose is to provide good knowledge dissemination and education about consequences injuries that can occur after violence against the vertebral column and head, injuries that too often cause permanent and disabling problems. The board of directors decides what project proposals will receive financial support from the fund. For the board to grant financial support, a project must have the possibility of increasing dissemination of knowledge in a way that can benefit those injured.

Every patient who has encountered direct or indirect trauma to the spine and/or head should provide a full description of their symptoms (a discomfort drawing), early on in the process. They should also undergo a comprehensive and structured physical examination, and if necessary, imaging and other diagnostic methods. Impact on nerves and/or instability of the spine should be especially assessed. When these assessments are not carried out, many patients venture abroad for examination, diagnosis and treatment, and thereby risk being referred to as ‘healthcare refugees.’

Please make a donation for the benefit of neck, back and brain injured patients, so that they may have access to proper assessment and treatment! Please make your donation to: NRH Fonden – Neck, back and brain injury fund
Pg: 764001–4
Bg: 5013–5250
Swish: 123-442 82 56

NRH Trauma is a nationwide society organized in local societies. NRH Trauma Rik’s purpose is to work for people with severe consequences after neck, back and/or brain injuries (NRH injuries) as a result of direct or indirect violence. Our goal is to continue to contribute to better knowledge about these consequences, as well as dissemination, education and research about this knowledge.
NRH Trauma interacts with authorities and other organizations with common interest. To fulfill our purpose we inform politicians and other decision-makers about the need for improved diagnostics, rehabilitation, and care for those who have suffered neck, back and/or brain injury. We want the principle of the equal value of all people and the right to care to be the rule.
There are each year in Sweden about 100,000 individuals involved in traffic accidents who run the risk of injury. About 30,000 of these present acute symptoms suggestive of neck injury. Some also show signs of injury to the back and/or brain. Other are injured in accidents involving falling, diving, or athletic activity. Some recover completely, while others develop persistent symptoms that eventually worsen. The proportion developing persistent symptoms varies widely. In a study from Gothenburg 55% of the patients had developed persistent symptoms 17 years after a neck trauma.¹

Those who suffer from persistent symptoms after an injury to the spine and/or head often have difficulty in obtaining an appropriate assessment of their injury. Many feel they are not taken seriously, or are judged as being mentally weak. The consequence of an inadequate or poor assessment may be a faulty or non-specific diagnosis, which may lead to an incorrect assessment by insurance agents, which in turn may lead to added economic problems for the injured.

It has long been noticed that neck distortion can lead to severe and lifelong disabling neck problems. However, clinicians and researchers have not been able to visualize injuries corresponding to these problems with currently available imaging techniques. Since the late 1990s, magnetic resonance imaging techniques (MRI) have evolved to the point where it is now possible to detect some injuries to spinal joints, including the cranio-cervical joints and their surrounding tissue. The figure above illustrates injuries that can be detected using functional upright MRI. These types of injuries may in turn affect nerves and thereby for example muscles, balance, and coordination.

To improve treatment for those with neck, spine and/or brain injury, education and research are required. Education is needed to increase knowledge among healthcare and insurance personnel. Research is needed to enhance long-term evaluation and to optimize diagnostic and treatment methods. In addition, there is a need to establish centers with special expertise and technical equipment for high-quality functional imaging. This equipment exists in other countries, but are lacking in Sweden. We also need to create structured quality registries, registries, where the injured can enter their symptoms online, for example, through the 1177 Vårdguiden. Through 1177 Vårdguiden, patients should receive advice and guidance about evidence-based care. To achieve these goals, policy makers must understand that the need is great, and must act accordingly!


The Swedish Healthcare guide 1177, read more under the headings:


WHIPLASH INJURY

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In cooperation with other organizations, see website.

NRH seeks to improve care! We need your help to secure that more patients receive adequate assessment, proper diagnosis, treatment, and individualized rehabilitation. Our goal is to help secure a positive and legally safe future for all those injured. Welcome as a member!