



CORDIMA CHIROPRACTIC CENTER

Personal care. Clear next steps.

FREE PATIENT GUIDE

After a Car Accident

Pain, stiffness, or symptoms showing up later?
A chiropractic guide to evaluation and recovery.



Helping People Get Back to the Life They Miss

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Schedule an appointment: 617-629-2600

LIFE AFTER A CAR ACCIDENT

The crash is over. You still need care.

A car accident can turn an ordinary day upside down. First you are checking on everyone, dealing with the car, and making phone calls. Then your neck tightens, your back aches, or you struggle to get comfortable in bed. It can feel like one more thing to handle when you already have enough on your plate.

NECK / SHOULDER

Pain, stiffness, or spasms

BACK / DAILY TASKS

Discomfort that affects movement

HEADACHE / DIZZINESS

Symptoms needing medical assessment

ARM / LEG CHANGES

Tingling, numbness, or weakness

You may wonder why you hurt now when you felt okay at the scene. Whiplash symptoms can take hours to begin; concussion symptoms may appear later, too. Tell a clinician about new or changing symptoms. [1,2]

You do not have to sort this out alone.

Tell us what happened, what has changed, and what you are worried about. We can help you understand the next step. For emergency warning signs, start with the guidance on the next page.

SAFETY COMES FIRST

Your safety comes first.

Know which symptoms need urgent medical attention. A chiropractic appointment does not replace emergency assessment after a crash.

Call 911 or go to an emergency department [2]

Seek emergency care for a worsening headache that will not go away, repeated vomiting, seizures, slurred speech, confusion, loss of consciousness, inability to wake normally, or new weakness or poor coordination.

Also seek emergency care [3]

Back pain with new bladder or bowel trouble, numbness around the groin or anus, or weakness or numbness in both legs needs immediate assessment. Significant trauma or pain with chest symptoms also needs urgent care.

Get prompt medical advice [1]

After a neck injury, tingling, limb weakness, difficulty walking or sitting upright, or severe pain despite initial measures needs urgent assessment. Do not drive if symptoms make it unsafe.

Already been to the emergency department? Follow your discharge instructions and return for new or worsening warning signs. Bring those records to follow-up visits. [2]

Tell us about the whole picture.

Head symptoms, previous injuries, surgery, osteoporosis, medicines, and other health conditions help us decide what care is appropriate.

YOUR FIRST VISIT

Start with your story.

I want to understand more than where it hurts. Tell me how the accident has affected your sleep, work, driving, and everyday tasks. Your concerns belong in the conversation, too.

YOUR HISTORY

We discuss how the crash happened, when symptoms began, previous problems, and care you have already received.

YOUR EXAMINATION

We assess movement, tenderness, and nerve-related findings, while considering other injuries or reasons for medical referral. [4]

YOUR NEXT STEP

We explain whether office care fits, imaging is indicated, or another clinician should assess you first. [4]

A scan is not automatically needed for every whiplash injury. Testing is selected around your history, examination, and concern for injuries such as a fracture or dislocation. [4]

You deserve an explanation.

We discuss what we found, what it means for you, and what we recommend. If our care is not the right fit, we will tell you and explain the next step.

A RECOVERY PLAN

Getting back to your day.

Turning your head comfortably, getting through work, or sleeping more easily can be meaningful goals. Your plan should connect care with the things you want to do again.

Movement and therapeutic exercise

Once serious injury has been ruled out, appropriate activity and selected exercises are important parts of whiplash care. We choose movements around your findings and progress them as appropriate. [1,4]

Selected hands-on care

Soft tissue work, mobilization, or selected adjustments may be considered after screening. We discuss their purpose, risks, and alternatives, and review whether they are helping. [4,5]

Home guidance and progress reviews

We discuss ways to pace tasks and keep moving within appropriate limits. Tell us what is difficult at home or work. Reviews consider symptoms, sleep, movement, and daily tasks so we can adjust recommendations around your progress. [4]

Recovery is personal.

Many whiplash injuries improve, though some symptoms last longer. We work toward your goals and explain what we can reasonably expect from your findings. [1,4]

MASSACHUSETTS COVERAGE

Let's sort through PIP.

Insurance questions can feel like another job after an accident. Personal Injury Protection (PIP) may help pay eligible accident-related expenses regardless of fault. Our team can help with billing questions. [6]

WHAT IT MAY COVER

Reasonable and necessary accident-related medical expenses, plus qualifying wage loss and replacement services, within applicable limits. [6]

THE USUAL \$8,000 LIMIT

The usual PIP benefit limit is \$8,000 per person, shared across covered benefits. The amount available depends on the policy, benefits already used, and applicable rules. [6,7]

HOW HEALTH INSURANCE FITS IN

With applicable private health coverage, PIP generally pays the first \$2,000 of medical bills. Health insurance and remaining PIP benefits then coordinate payment. [6,8]

Deductibles, exclusions, and benefit limits affect payment. Work-related, commercial, and rideshare accidents may need additional review. [6]

We can help with the questions.

What benefits remain? Is there a deductible or possible out-of-pocket cost? We can help you find out.

Verify coverage with your insurer and legal rights with an attorney.

COMMON QUESTIONS

Answers before you begin

Can symptoms start after I leave the scene?

Yes. Whiplash and concussion symptoms can begin later. Tell a clinician about new or changing symptoms. [1,2]

Can I come in without going to the emergency room first?

Yes. You can contact our office for an evaluation without first visiting the emergency room. If you have any emergency warning signs listed on page 3, seek emergency care first.

Can I come in after an emergency department visit?

Bring your discharge instructions and records. We review the findings and discuss appropriate follow-up. New or worsening emergency warning signs need medical attention first. [2]

Do I need a referral to come in?

No. You do not need a medical referral to schedule an evaluation with us. Call our team and we will help you get started.

COMMON QUESTIONS

More answers for you

Will insurance cover my care?

Massachusetts PIP may cover eligible accident-related care regardless of fault. Coverage, deductibles, and remaining benefits vary. Our team can help you understand the billing process. [6-8]

Is this guaranteed to work?

Nothing in healthcare is guaranteed. For a suitable candidate, an individualized plan offers an opportunity for meaningful relief and better daily function. We set goals and review progress.

How many visits will I need, and what does it cost?

We discuss your proposed schedule, fees, coverage questions, and progress reviews after your evaluation.

What if I have already tried other treatments?

Tell us what helped and what did not. Bring relevant records so we can discuss your next step and coordinate care when appropriate.

MAKE YOUR NEXT STEP EASIER

Focus on your health.

Start with what you remember and how you feel now. Clear, accurate information helps us understand your needs.

Useful information to bring

- Crash date and a short account of what happened.
- Emergency or other medical records and imaging reports.
- Your medication list.
- Auto insurance information, claim number, and adjuster details, if available.
- A symptom timeline and notes about effects on work, sleep, and daily tasks.

What our records describe

We document your reported symptoms, examination findings, recommended care, and progress. With your authorization, relevant records can be shared with your other clinicians or attorney.

Do I need every document before I call?

Contact our team with what you have. We can explain appointment details and help identify information that may still be needed.

Questions about a claim?

We can help with billing and record requests. Your insurer confirms coverage; an attorney advises you about legal rights.

Request an Auto-Injury Evaluation

Call 617-629-2600

KEY THINGS TO KEEP IN MIND

Let's find your next step.

You deserve to be heard

An accident can leave you sore, unsettled, and tired of answering questions. I want to understand what this has been like for you and which parts of your day have become difficult.

Can you be helped?

Your history, examination, and any medical records help us decide whether care here is appropriate. If it is, we explain the plan and what each part is intended to help.

An honest conversation matters

If further testing or another type of care makes more sense, I will tell you. Ask questions, bring your concerns, and let us know about anything that may make following a plan difficult.

Meaningful progress is personal

Turning your head more comfortably. Getting through a workday. Sleeping with fewer interruptions. We connect progress to your daily life and adjust recommendations around your response.

Request an Auto-Injury Evaluation

Call 617-629-2600

MEET YOUR DOCTOR

About Dr. Cordima



**Dr. Christopher T. Cordima,
DC, BCN**

Practicing since 1988.

Board Certified in Chronic Intractable Pain &
Neuropathy.

Dr. Cordima graduated from Palmer Chiropractic College in 1987 and received his chiropractic license in November 1988. He comes from a family with a legacy in chiropractic care and is proud to carry that tradition forward.

His approach starts with listening: what hurts, what you have tried, and what you want to get back to doing. He is dedicated to compassionate, honest care and helping you understand whether a natural, nonsurgical approach fits your needs.

Outside the office, he enjoys time with his loving partner, Linda, and their family, hiking New England trails with Benny, exploring local coffee shops and restaurants, and cooking together.

Let's talk about getting you back to the life you miss.

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Visit somervillechiropractor.com

SOURCES AND FURTHER READING

References

1. National Health Service. Whiplash. Reviewed August 19, 2026. [Read source](#)
2. Centers for Disease Control and Prevention. Symptoms of mild TBI and concussion. September 15, 2025. [Read source](#)
3. National Health Service. Back pain. Reviewed March 5, 2026. Emergency warning signs. [Read source](#)
4. State Insurance Regulatory Authority, New South Wales. Quick reference guide for the management of whiplash-associated disorders. Updated October 11, 2021; summarizes the 2014 clinical guidelines. [Read source](#)
5. National Center for Complementary and Integrative Health. Spinal manipulation: what you need to know. [Read source](#)
6. Commonwealth of Massachusetts. General Laws, chapter 90, section 34A. Personal Injury Protection definitions, benefits, coordination, and exclusions. [Read source](#)
7. Massachusetts Division of Insurance. Basics of auto insurance: what is in my insurance policy? [Read source](#)
8. Massachusetts Trial Court. Civil model jury instruction 8.00: Personal Injury Protection (PIP). Amended November 2021. [Read source](#)

Understanding the evidence

Whiplash guidance supports appropriate activity and exercise after assessment. Evidence for manual therapy in acute whiplash is limited; its benefit should be monitored. [4] Manipulation can cause temporary soreness, and rare serious complications have been reported. Discuss benefits, risks, and alternatives. It is not treatment for concussion. [5]

About coverage and this guide

PIP information uses Massachusetts sources and is general information, not legal advice. Eligibility and payment depend on the applicable law and policy. Clinical records document care; they do not guarantee insurance payment or a legal outcome. This guide is educational and does not replace individual medical advice. Do not change prescribed medicines without your prescriber. No treatment outcome is guaranteed.