Treatment of Headaches in the Primary Care Setting

Jennifer Lorine, DO
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Objectives

- Discuss basic OMT for headaches
- Differentiate between direct and indirect techniques
- Discuss indications and contraindications for each treatment

Every year 40-50 million Americans seek treatment for headaches, making headaches a common complaint in the primary care office

Headaches are classified by the International Headache Society as either primary or secondary
Classification

- Primary
  - Tension-Type
  - Migraine
  - Idiopathic Stabbing
  - Exertional
  - Cluster

- Secondary
  - Systemic Infection
  - Head Injury
  - Vascular Disorder
  - Subarachnoid Hemorrhage
  - Brain tumor

Exam

- Physical: HEENT, Neurologic, Musculoskeletal, etc
- Any necessary testing
- Osteopathic structural exam

What does a musculoskeletal assessment include?

- Temporomandibular joint
- Temporalis
- Masseter
- Occipito-frontalis
- Buccinator
- Pterygoid
- Cranial rhythmic activity
- Suture mobility
- Basiooccipital attachments at the atlas

- Cervical region
- Upper thoracic region
- Leg length
- Sacropelvic base
- Active & Static body analysis
Autonomic Considerations

- Sympathetic: T1-T4
- Parasympathetic: CN VII, IX, X

Somatic Dysfunction Leading to Parasympathetic Dysfunction

- Facial Nerve CN VII
- Glossopharyngeal nerve CN IX
- Vagus Nerve CN X
  - OA, AA, C2 dysfunction
    - Look for tenderpoints, tissue texture changes, or vertebral dysfunction
  - Occipitomastoid suture compression or occipitoatlantoid joint compression

Somatic Dysfunction Leading to Sympathetic Dysfunction

- T1–T5 or T1-T4
  - Look for tender points, tissue texture change, or vertebral dysfunction (facilitated segments)
Other Places to Check

- Cervical dysfunction
- Sternocleidomastoid
- Trapezius
- OA
- Temporomandibular joint dysfunction
- Cranial dysfunction

Osteopathic Treatment

- Address the lymphatics
- Address the vasculature
- Address the autonomics
  - Treat attachments to the sympathetic sites in the upper thoracic and lower cervical area. Consider ribs and myofascial attachments
- Consider myofascial restrictions in the head, neck, thoracic, area, and the shoulders
- Consider the joints in the head and neck
- Consider trigger points

Soft Tissue Techniques

- Direct
- Lateral or Linear stretching
- Deep pressure/ traction/ separation of origin and insertion
- Monitoring tissue response
Soft Tissue Indications & Contraindications

- **Indications**
  - Part of musculoskeletal screening exam
  - Reduce muscle hypertonicity
  - Improve circulation
  - Improve lymphatic drainage
  - Potentiate effect of other Osteopathic techniques

- **Contraindications**
  - Acute sprain (relative)
  - Fracture/dislocation
  - Neurologic or vascular compromise
  - Malignancy
  - Infection (in the area that you are treating)

Suboccipital Release

- Patient lies supine
- Physician at head of table
- Physician places finger pads palm up, applying upward pressure until tissue texture change occurs

Counterstrain

- Indirect Technique
- Created by Lawrence H. Jones, DO, FAAO
- Place patient in position of comfort to alleviate symptoms
Counterstrain Indications & Contraindications

- **Indications**
  - Somatic dysfunctions
    - Articular
    - Myofascial
  - Adjunctive treatment for a systemic complaint

- **Contraindications**
  - Traumatized tissues
  - Severe illness
  - Instability in area being treated
  - Vascular or neurologic syndromes
  - Severe degenerative spondylosis
  - Patients who cannot relax
  - Stoic patients
  - Patients who cannot understand instructions
  - Patients who are unable to be positioned (e.g., severe arthritis)

Trapezius Counterstrain

- Find the tenderpoint
- Say: “this is a 10”
- Move the patient into the position of comfort (Ex: Flexion)
- Inquire: “if it were at 10 before, what is it now?”
- Hold for 90 seconds, periodically rechecking

Muscle Energy

- **Direct Technique**
- Developed by Fred L. Mitchell Sr., DO
- Patient's muscles are used actively upon request, from a precise position, in a specific direction, against a counterforce
Muscle Energy

- **Indications**
  - Somatic dysfunction: myofascial
  - Somatic dysfunction: articular
  - Improve circulation
  - Balance neuromuscular relationships
  - Increase tone in hypotonic/weak muscles

- **Contraindications**
  - Moderate to severe muscle strain
  - Osteoporosis (severe)
  - Severe illness
  - Fracture or dislocation
  - Uncooperative patient

Trapezius Muscle Energy

- Patient lies supine, physician at head of table
- Physician flexes neck to barrier
- Physician instructs the patient to extend the neck/head backward
- Contraction held for 3-5 seconds
- At relaxation, physician finds new barrier
- Technique repeated 3-5 times

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## Resources


