OSTEOPATHIC CONSIDERATIONS AND MANIPULATIVE TREATMENT FOR HEADACHE

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OBJECTIVES

• Briefly review the different types of headache
• Review relevant anatomy and their potential contributions to headache
• Describe a focused structural exam that could be done when evaluating headache
• Create an example focused manipulative treatment plan
HEADACHES DEFINED (PREVALENCE %)

- Tension-type headache (69)
- Migraine (15)
- Exertional headache (1)
- Cluster headache (0.1)
BASIC CONSIDERATIONS

• Muscular attachments
• Autonomic contributions
• (Lymphatic drainage)
Nn: Accesory n (CN XI)
Splenius capitus

Rhomboid Major and Minor

Levator scapulae
Splenius capitus

Scalene muscles
Levator scapulae

Splenius capitus

Scalenus muscles
Spinalis/semispinalis capitus

Longissimus capitus
Semispinalis cervicis

Scalene muscles
Temporomandibular Disorders
Closing
- Masseter
- Temporalis

Opening
- Strap Muscles
- Digastric
- Mylohyoid
- Geniohyoid
- Sternohyoid
- Omohyoid
- Thyrohyoid
Closing
• Medial Pterygoid

Translational
• Lateral Pterygoid
PARASYMPATHETICS

Oculomotor (CN III)
Facial (CN VII),
Glossopharyngeal (CN IX)

Increased tone=

• contracts pupil,
• increased secretions of nasal, lacrimal and submandibular glands
• senses aortic blood pressure
SOMATIC DYSFUNCTIONS POTENTIALLY AFFECTING PARASYMPATHETICS

Vagus nerve (CN X):

- Compression of the:
  - Occipitomastoid sutures
  - Occipito-atlanto joint
- OA, AA, C2-
  - Rotated vertebra
  - Tenderpoints
  - Tissue texture changes over cervical pillars
SOMATIC DYSFUNCTIONS POTENTIALLY AFFECTING SYMPATHETICS

T1-5

• Tenderpoints
• Tissue texture changes over transverse processes
• Rotated vertebrae
• Increased tone = vasoconstriction and slight secretions of nasal, lacrimal and submandibular glands, increased blood flow to skeletal muscle
SOMATIC DYSFUNCTIONS POTENTIALLY AFFECTING MOTOR FUNCTION

C2-8 (Splenius, levator scapulae, scalene etc)

- Tenderpoints
- Tissue texture changes over cervical pillars
- Rotated vertebrae
FOCUSED STRUCTURAL EXAM

- Head/TMJ
- Cervicals
- Ribs
- Thoracics
- Shoulder
TYPES OF OMT TO CONSIDER

- Direct inhibition
- Counterstrain
- Myofascial release
- Muscle Energy
- HVLA
- Osteopathy in the Cranial Field
- PINS
Direct Inhibition

Medial Pterygoid

Lateral Pterygoid
LATERAL PTERYGOID TRP
TEMPORALIS TRP
SCM AND TRAPEZIUS TRP
• Introduced by Dennis Dowling D.O.
• Found patterns on tenderpoints throughout the body including the head.
PINS TECHNIQUE
OSTEOPATHY IN THE CRANIAL FIELD (OCF)

- William Sutherland, D.O. saw a disarticulated skull and observed the edges of the sutures
- Noted that the bevels in the joints changed
- Beveled Temporal Squama as resembling "the gills of a fish"
- "...indicating articular mobility for a respiratory mechanism"
TREATMENT APPROACH

The 2 minute treatment

- Head- Vagus: OA release 739.0
- Cervical- FPR 739.1

The 5 minute treatment

- Cervical spine: MFR, ME and or HVLA 739.1
- Upper Extremity: DIR
- 739.7
- Thoracic spine-Seated ME 739.2
TREATMENT APPROACH

The Extended treatment

• Direct inhibition or CS to trigger points 739.0, 739.1, 739.2

• Head- Decreased CRI- CV4 hold 739.0

• Cervical- Anterior cervicals-MFR 739.1

• Thoracic- MFR and or HVLA 739.3

• Head, Cervical- PINS technique to the head 739.0 and neck 739.1
ADDITIONALLY

• Home Exercise Program
• Physical Therapy
  • Stretching
  • Deep tissue massage
• Modalities
  • TENS
  • Ultrasound
  • Iontophoresis
  • Biofeedback
SUMMARY

- Recognize the large number of muscular and boney contributors to Headache
- A focused structural exam can reveal a lot
- Treat and refer based on need, time and experience
THANK YOU
TECHNIQUES TODAY

• Head
  • DIR to pterygoids
  • OA release

• Thoracics
  • Seated HVLA (Full Nelson)

• Upper Extremity
  • DIR trapezius