

The Headache Diagnosis and Management Series for the Chiropractor, Part I

It is long overdue, but the role of chiropractic is beginning to appear in the headache literature. Secondly, this is good for the profession. Chiropractic is benefiting from ever greater exposure in the print and visual media, and not just as stereotypical low back doctors.

If your practice is similar to mine, you have many patients asking questions about headaches. For some sufferers, the most important question they want answered is, "What is causing my headache?" For most others, they simply want to know how to get rid of the headache.

Surprisingly, it is difficult to find a concise compendium of information on headaches suitable for the chiropractic setting, so I decided to create a headache diagnosis and management series for the chiropractic office. This is the first article of the series.

Headache is as broad as the subject of pain itself. Those who first encounter the headache literature immediately realize that the subject is as voluminous and interesting as it is perplexing. It has captured the attention of healers, philosophers, organized religion, and the multitude of headache sufferers.

In the 20th century, at least 100,000 articles and 1,500 books have been written on headaches. Theories explaining headache vary tremendously, ranging from the divine (original sin) to the microscopic (the nitric oxide molecule). There's much to know about headache, and the clinician needs to possess a good clinical baseline of understanding when treating the headache sufferer. So let's begin our series with a test of common, standard and/or important concepts regarding headache diagnosis and management.

Self-Test

Take this simple quiz and keep it close at hand for future articles. The answers to each question will appear in later articles. In fact, you may want to clip out each article and save the series for future reference. Keep in mind that each of these articles will also appear on the DC website.

Test Questions

1. Which of the following is/are presently acceptable explanation(s) for the production of headache? A. original sin B. the nitric oxide molecule C. neural plasticity D. frequent use of naprosyn
2. What is the best adjustment technique to relieve headache?
3. What is the clinical difference between facial migraine and chronic episodic sinusitis?
4. Which headaches respond best to chiropractic?
5. Can a patient suffer two different headaches simultaneously?

6. What common medications may cause a headache condition?
7. What are the commonly prescribed headache medications that worsen the headache condition?
8. What are the current clinical criteria for the diagnosis of cervicogenic headache?
9. Is there a difference between transformed headache versus rebound headache? If so, explain. If not, why are they similar?
10. What are the diagnostic criteria for the tension-type headache?
11. What is chronic daily headache?
12. Does the disappearance of the headache complaint following therapeutic intervention necessarily mean that the intervention was responsible? Why?

Enjoy!

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