Tension Headache

Assessment

Postural assessment

- head forward posture
- hyperkyphosis
- hyperlordosis
- scoliosis
- pes planus

Palpation

- The neck, shoulders, thoracic muscles and muscles of mastication may be hypertonic and tender
- The muscles of respiration including the diaphragm, intercostals, scalenes and sternocleidomastiod are also likely hypertonic and tender.
- Ischemia produces areas of coolness in the skin of the neck or thorax with trigger points and with spinally mediated headaches

Testing

- AF ROM on the neck, thorax, shoulder and mandible
- PR ROM on the neck, thorax, shoulder and mandible
- AR strength testing may reveal affected neck, head and shoulder girdle muscles to be weaker

Special tests

- Motion and static palpation in the cervical and thoracic spine may reveal areas of hypertension
- Passive relaxed atlanto-occipital may have restrictions
- Atlanto-axial articulation may have restrictions
- Passive relaxed anterior and lateral spinous challenges may show areas of hypo and hypermobility
- First rib mobility and rib motion tests may show areas of hypo and hypermobility
- Spurlings, cervical compression and cervical distraction tests are used to differentiate a facet joint irritation that may underlie the headache.

General Treatment

During a headache

- treatment is in the context of relaxation
- diaphragmatic breathing is utilized
- Pre-treatment hydrotherapy: heat to the affected muscle, cool on the referral pattern for an analgesic effect.
- Positioning could be supine, prone or side lying. Prone may not be tolerated as the face cradle may compress painful areas on the face.
- A towel may be used to cover the clients eyes in supine

- Swedish techniques are used (effleurage, stroking and fingertip kneading) on the pectoral and posterior neck muscles to reduce hypertonicity.
- Petrissage is used on the muscles of mastication, facial muscles and scalp.
- Pain free joint play is used on hypomobile cervical vertebrae
- Trigger points are treated with muscle stripping and gentle ischemic compression.
- **Common patterns**:
- Upper trap – above the eye, around the ear and down the lateral neck in the shape of a question mark.
- Splenius capitis – to the top of the head
- Splenius cervicis – to the temporal region and back of the neck
- Occipitalis – pain to the posterior head
- Frontalis – locally above the eye
- suboccipitals – around the ear
- Sternocleidomastiod – to the occiput, around the eye, into the ear and across the forehead. Can also activate anterior scalene muscle
- Temporalis – temporal region and the teeth
- Occipitofrontalis – above the eye and the back of the head.
- Masseter – above the eye and into the ear, jaw and teeth.
- PIR is used to gently increase the ROM at the neck following trigger point work.
- Ask the client if the headache is less or has disappeared
- If the headache has not yet been affected the therapist can treat the synergist and antagonist muscles that also refer to the headache area
- Make sure not to over treat.
- The head, neck and shoulder massage is finished with P ROM, gentle long axis tractioning or golgi tendon organ release to the occiput.
- If tolerated turn prone.
- work in the prone position includes general, soothing Swedish work to the shoulders and upper thoracic area.
- Areas of hypomoblity in the thoracic spine are treated with joint play.

Between headaches

- Treatment is similar to what is performed during a headache except that the therapist can be more vigorous.
- Areas of restricted ROM are addressed using joint play and fascial techniques.