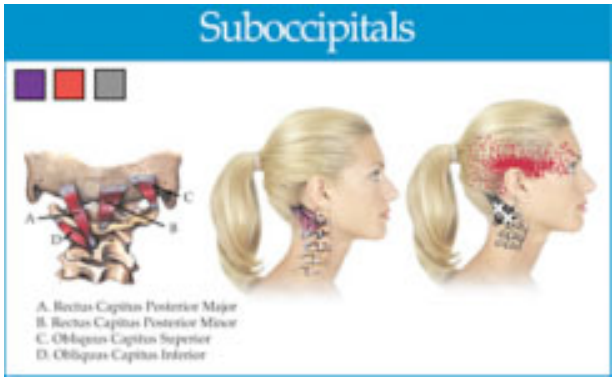
January 2012

health talk

Do You Have Suboccipital Headaches?

By Dr. Jim Feng, Chiropractor

For some, headaches can be very annoying and in some cases, debilitating. There are many categories and types of headaches; some of which include migraines, cluster, tension type, hormonal, sinus and rebound headaches. Out of all types of headaches, there is one that is common among our postural challenged comrades. This commonly misdiagnosed, yet treatable headache is called "suboccipital headaches". The suboccipital region is located at the base of the neck comprising of four main muscles marked in Figure 1. When these muscles are tight, tender and dysfunctional, it can lead to pain in the base of the neck and headaches. Research has shown that suboccipital headaches and other neck associated headaches are associated with up to 20% of all chronic headache sufferers. With the proper diagnosis and treatment plan, these headaches can easily be a distant memory.



What Are The Symptoms?

Symptoms typically present with nagging pain at the base of the neck, shoulder and head, which may radiate to the front of one side of the head. There is typically a reduction in range of motion in the neck. In highly symptomatic patients, blurred vision and discomfort near the orbital region may be a symptom.

What Causes These Headaches?

Patients with suboccipital headaches typically have postural related dysfunction such as weak inhibited deep neck flexors, serratus anterior, rhomboids, lower and middle trapezius muscles. This is associated with tight splenius capitis, semispinalis capitis, trapezius, levator scapula and pectoralis minor muscles. These postural insufficiencies cause tension in the suboccpitals, which in turn cause reduction of blood supply to those muscles, stimulating the production of scar tissue. This is a vicious cycle that plays on itself until it is broken with the proper diagnosis and treatment

Treatments

Soft tissue therapy: Active Release Technique (ART) and Graston Techniques are among the top methods in treating this problem. Since adhesions and muscle tension is one of the biggest limitations, it only makes sense to target these adhesions. The reason ART and Graston is used is due to its ability to get into the specific targeted tissues.

Spinal Adjustments/Mobilization: In some cases, there are adhesions and limitations in the upper cervical facet joint. If needed, these joints can be gently mobilized or manipulated to increase range of motion and create proper articulation in those joints. Low amplitude high velocity manipulations has also been shown clinically to reduce suboccipital headache symptoms by resetting muscle spindles that are associated with chronic hypertonicity of those muscles

Stretching: A combination of passive, assisted and Proprioceptive Neuromuscular Facilitation (PNF) stretching will play a large part in increasing the range of motion in these restricted regions.

Acupuncture: Many clinical trials have demonstrated the positive utilization of electro-acupuncture and symptom reduction with neck related headaches. Acupuncture should be used in conjunction with the above protocols.

Rehabilitation: As we mentioned earlier, there are muscle dysfunction associated with suboccipital headache patients, so functional exercise targeting the deep neck flexors, rhomboids, serratus anterior and lower trapezius is key to reducing symptoms and prevention of future occurrences.

Neck related headaches can be successfully treated using the above conservative treatments, but a thorough assessment with a physiotherapist or chiropractor is required to accurately generate a diagnosis, prognosis and treatment plan.

FORM & FUNCTION
Health • Performance • Wellness Centre Inc.

T 905.604.WELL (9355)
F 905.470.2444
E info@formfunctionclinic.com

Follow us @ffclinic
Like Us @Form&Function
formfunctionclinic.com