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"Headache Patients Love to Talk: getting the information you need empathetically & in a timely manner"

Presented by: Dean H. Watson

Will commence LIVE from Sydney, Australia at 7pm AEDT

Be sure to convert to your own time zone at www.worldhealthwebinars.com.au

Dean Watson

MAppSc(Res); GradDipAdvManipTher; PhD Candidate Murdoch University

- Director of the Watson Headache Institute and Watson Headache Clinic.
- Masters research program published in Cephalalgia, and influenced the management of cervicogenic headache sufferers.
- Treated exclusively those experiencing headache and migraine, amassing 22,000 hours of experience with over 7,500 clients.
- Taught and presented at numerous conferences nationally and internationally. The 'Watson Headache Approach' has now been taught and is practiced in over 22 countries.
- Completing his PhD program (Murdoch University, Perth WA)

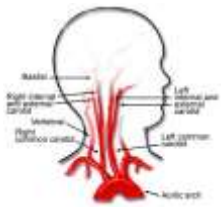
Andrew Ellis

BSc (Ex. Sci), M. Phty

- World Health Webinars CEO / Founder
- World Health Webinars Physiotherapy Australia Host

Subjective Examination

- **RESPONSIBLE**
  - Red Flags
  - Yellow Flags
- **SAFE**
  - Stability
  - Vertebral Artery



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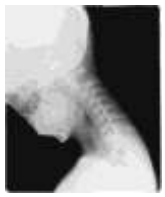
Body Chart

- **AREA OF PAIN**
  - Overlapping of segmental information - pain maps not useful
  - Clinically there are some areas which suggest specific segment/s



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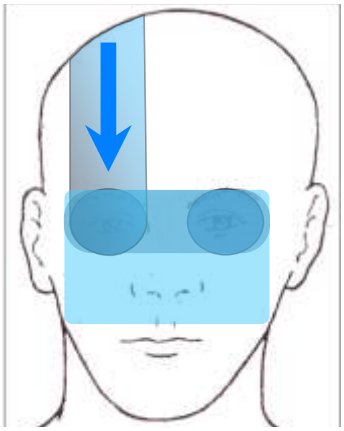

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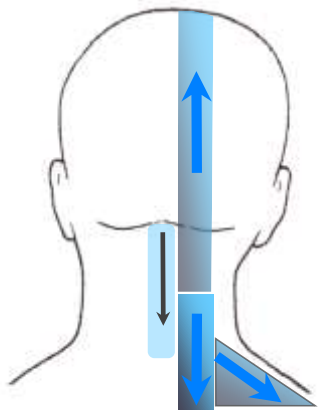
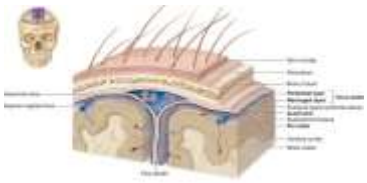


Body Chart

- **Any PARAESTHESIA in the face or head area?... potential hypermobility or instability**
  - occipital - could indicate compromise of C2 nerve root, suggesting excessive anterior translation of C1
  - ipsilateral 1/2 tongue commonly with contralateral rotation indicates 'Neck-tongue syndrome' (NTS) - could indicate compromise of the ipsilateral alar ligament

Body Chart

- **OTHER AREAS**
  - DISTAL PAIN/STIFFNESS ie, neck, thoracic, lumbar within days of a severe headache could suggest blood in the subarachnoid space (low volume/slow leaking aneurysm)



Body Chart

- **BEHAVIOUR of the area/s of pain**
  - UNILATERAL - ever felt it on the other side?
    - 'No' - SIDELOCKED
    - 'Yes' - ALTERNATING

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Body Chart

- **BILATERAL HEADACHE**
  - Is it exactly the same on both sides? 'Yes' / 'No'
  - 'Yes' = SYMMETRICAL
  - 'No' = ASYMMETRICAL
  - How is it any different? (severity, quality, area)

Red Flags

- **SENTINEL FINDINGS - signs or symptoms - indicating presence of an extensive disease process or condition**
  - secondary causes rare; < 5% of headache?
  - rarely mimic primary headache exactly; usually atypical features
  - Aim to rule it in the first 3 minutes

Red Flags

- **Is it changing i.e., staying the same, improving, worsening?**
  - < 3/12; Worsening (in what way?) ... Severity / Duration / Quality / decreasing response to meds / associated symptoms = secondary; Same or Improving(in what way?) = primary (benign recurring) headache
  - > 3/12; No/Same ... or ... Yes - improving = primary headache

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Red Flags

- **PROGRESSION - Has this occurred gradually or suddenly?**
  - SUDDEN onset of vomiting is a very sensitive (90%) indicator of intra cranial metastases
  - other symptoms e.g., dizziness, diplopia, dysarthria, phono / photophobia within days of a severe headache consider increased intra cranial pressure e.g., space occupying lesion
  - distal pain following severe headache - blood in the subarachnoid space = low volume/slow leak (SAH)

Subjective Examination

- **REASSESSMENT FEATURES**
  - more important than other musculoskeletal conditions?
  - other conditions have reproducible objective signs; with headache unlikely
  - increased reliance on subjective features

Subjective Examination

- **PRECIPITATING FACTORS / TRIGGERS**
  - Sometimes unknown
  - physical stress / activity
  - emotional stress
  - hormonal
  - ingestants
  - bright / flickering lights
  - weekend headache
  - pillows!!!!

Subjective Examination

- **COURSE OF HEADACHE - "Once it starts does it always go on to develop or can it sometimes cease?"**
  - if can sometimes cease then not useful
  - if always goes on to develop, sometimes the first sign of improvement is that they don't!

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Subjective Examination

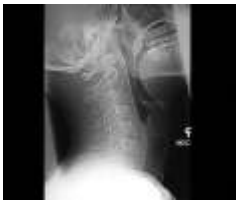
- **SEVERITY - "Do your headaches vary in intensity or are they always the same?"**
  - 'Same'... rate the level; sometimes the first sign of improvement is that a lesser headache occurs
  - 'Variable' ascertain range of intensity & how often it occurs maximally; the first sign of improvement is that their severe headache does not occur within the usual time frame

Subjective Examination

- **RESPONSE TO MEDICATION**
  - ineffective medication, previously effective, become effective again
  - effectiveness of migraine specific medication e.g., the 'triptans', does not exclude cervicogenic headache!

Subjective Examination

- **SURGERY**
  - intracranial surgery ... adverse neural tension?
- **Hx OF TRAUMA**
  - stability tests mandatory



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Live Q & A's

Thank you

From Dean H. Watson
Watson Headache Clinic

&

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