Musculoskeletal Headaches

Back in Business Physiotherapy

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Headaches of a musculoskeletal origin can arise from the joints, muscles and nerves of the neck and thorax. Muscle spasms can compress the spine, pinching nerves thereby creating pain. One in five headaches has a musculoskeletal origin. At Back in Business Physiotherapy we take a detailed history and make a thorough assessment to ascertain the precise nature of dysfunction.

The muscles of the neck act as guy-wires controlling the position of the head and neck as well as influencing the amount of compression on joint surfaces, blood vessels and nerves. Physiotherapists frequently use the term ‘functional instability’ to refer to muscle dysfunction. Some muscles such as the Trapezius and Levator Scapulae attach to the shoulder blade thereby making the assessment of shoulder function a criterion when designing an exercise regime for the treatment of headaches. This differs from structural instability where ligaments such as the Alar and Transverse ligaments and bones such as the Dens have been damaged to such an extent that a medical emergency due Central Nervous System compromise may ensue.

Occasionally, the vertebral artery may be affected which can lead to dizziness, vertigo, tinnitus, blurred vision and altered sensation in the face. This is a rare but potentially fatal problem which needs differential diagnosis from more benign problems of vertigo & dizziness associated with the ears or joint and muscle dysfunction, or altered modulation by the sympathetic nervous system.

Assessment includes joint gliding to determine hyper/hypomobility. These gliding techniques and occasionally traction may then be used as treatment techniques to reduce muscle spasms, improve range of movement, increase blood flow, allowing normal nerve function which consequently reduces pain. Posture, occulo-motor and vestibular reflexes are also analysed and used to improve function.

At Back in Business Physiotherapy we use a multi-modal approach in the assessment and treatment of musculoskeletal headaches and dizziness. Besides using joint mobilisations of the neck and thorax, we use, taping, as well as exercises designed to improve mobility, posture, co-ordination and functional stability through the activation of deep neck flexors, lower trapezius and serratus anterior muscles. If required, fascial release and dry needling techniques can be used for the levator scapulae and upper and mid trapezius muscles. Additionally, strengthening of the shoulder & shoulder blade muscles and stretching of the pectoral muscles are frequently required. Improved modulation of sympathetic nervous system activity through lateral diaphragmatic breathing, rib mobilizations and scalene muscle stretches may be needed.

Based on our thorough assessment we will make a management plan which will include an estimate of the number of treatments required, the cost, as well as the precise nature of the self management plan.