



## Case-Base Discussion – 21<sup>st</sup> March 2023 (Ref 258)

### Case - Headaches

Claire presented 3 different cases relating to the management of patients with headaches.

**1.** 32-year-old female who had been having headaches (left parietal) since the age of 11. As a last resort, she had decided to try osteopathic treatment.

**Case History:** patient had been hit on the head by a swing aged 11. No LOC but she reports feeling "strange" afterwards, likely concussion. Surprisingly, this was the first time that the patient had been asked about history of head trauma. The onset of headaches around this time would suggest a link.

**Examination findings:** feeling of "solid metal" on osteopathic palpation of the cranium. Hypertonia of muscles in the supra-clavicular area.

**Treatment:** Articulation, soft tissue, trigger points, IVM. Patient had a good outcome from the treatment and was no longer having headaches after 4 treatments. Her family also reported that, after the course of treatment, she seemed calmer under stress.

*The discussion evolved into questions around the clinical evidence of cranial osteopathy, and how difficult it is to "prove" that treating via the IVM works.*

**2.** The second patient was in her late 40s. She had been having osteopathic treatment for another issue but experienced a sudden onset of disabling headaches. On this occasion, the patient went straight to the GP, rather than seeking osteopathic advice and was diagnosed with "thunderclap" headaches. She was treated with anti-epileptic medication to help ease her symptoms.

*NB. A new first headache occurring age 49 upwards is a red flag. [The EdAche course](#) is a great resource for the management of headaches as a primary healthcare practitioner.*

**3.** The third patient was in her 50s. She had presented with a shoulder problem that Claire was treating her for but also suffered from migraines with aura (temporary unilateral loss of vision). She had not specifically requested treatment for her migraines. Claire's question here was how to communicate to the patient that osteopathic treatment could also potentially help manage her migraines.

One of the attendees suggested that building a good rapport with the patient was the first priority before giving the patient the choice of whether to explore treatment options for a different problem than the presenting one.

*This last point brings us back to the importance of good communication. If you haven't seen it already, have a look at the APM recording of [Chris Chippendale's Your Mindset When Treating](#) for some great tips on communication.*

## **Linking this case with Osteopathic Practice Standards Themes**

### **A – Communication and patient partnership**

A2 You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.

### **B - Knowledge, skills and performance**

B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.

B2 You must recognise and work within the limits of your training and competence.

B3 You must keep your professional knowledge and skills up to date.

B4 You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.

### **C – Safety and quality in practice**

C1 You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.

### **D – Professionalism**

D10 You must consider the contributions of other health and care professionals, to optimise patient care.

## **Linking this case with the Chiropractic Code**

### **Principle A – Put the health interests of patients first**

A1 Show respect, compassion, care by listening/acknowledging views decisions. Do not pressure a patient to accept your advice.

A3 Take appropriate action if you have concerns about the safety of a patient.

A5 Prioritise patients' health/welfare when carrying out assessments, making referrals, providing or arranging care.

**Principle E – Obtain informed consent for all aspects of patient care**

E1 Share with the patient accurate, relevant and clear information to enable the patient to make informed decisions about their health needs and relevant care options.

**Principle F – Communicate properly and effectively with patients, colleagues and other healthcare professionals**

F1 Explore care options, risks and benefits with patients, encouraging them to ask questions.

**Principle G – Maintain, develop and work within your professional knowledge and skills**

G1 Keep your knowledge and skills up to date, taking part in relevant and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance and the quality of your work.

G5 Refer to, or seek expertise from, other chiropractors or healthcare professionals, when needed.

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