



Case-Base Discussion – 27th June 2023 (Ref 310)

Case - Treatment and prevention of headaches, and the importance of Sternocleidomastoid

In this week's case-based discussion, we discussed the treatment and management of headaches, which revealed the importance of sternocleidomastoids, not only in contributing to the cause of symptoms but also in their relief.

In the first of 3 case histories, we were reminded of the influence of biopsychosocial factors on pain. This male patient, an interior designer to wealthy clients, presented with what appeared to be severe cluster headaches with associated symptoms of Horner's Syndrome. After just 4 treatments, however, the practitioner had made a positive change to his symptoms. She attributes a large part of this success to the outpouring of emotions that occurred as she placed her hands on this highly stressed patient.

The other 2 cases were presented by our guest today, a pain physician working in a private hospital in Jerusalem. The first case was of a 66-year-old man who had a history of cluster headaches that she had previously treated successfully with occipital nerve block (methylprednisolone). In July 2019, he presented with a headache from the occipital region radiating towards the vertex and right side of his face and eye, with associated parasympathetic features of tearing, oedema and redness of his right eye. Passive extension of the patient's neck caused him to scream in pain. Neurological screening was negative.

The patient was treated with an injection of 1% Lidocaine into the SCM and his symptoms disappeared for 1 month; this was repeated when his symptoms returned 2 months later, and his pain disappeared for 2 months. He was given a trial of Indomethacin (which is diagnostic of hemicrania continua) but this was stopped after a small dose caused considerable gastric side-effects. The Lidocaine injection was performed again in December 2019 and he then went into remission. Our guest's fascination for SCM comes from the muscle's interesting associations, namely its sensory supply of C2 C3 converges with the neurons of the trigeminal spinal nucleus, which could account for the symptoms of cluster headaches.

The final case was a 12-year-old boy who had been suffering with migraines from the age of 5, his symptoms so severe that he was tired and depressed, and not able to attend school or socialise. He had been given prophylactic drugs,

including Triptans but to no avail. On examination, neurological screening was negative; extension of the cervical spine and palpation of the SCM caused pain. This time, the patient was treated with dry needling of the SCM. Despite fainting, the boy was ecstatic when he came round, to discover that his symptoms had disappeared.

Linking these cases with the OPS Themes

A – Communication and patient partnership

A1 You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.

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.

A5 You must support patients in caring for themselves to improve and maintain their own health and well-being.

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 the patient first

A1 Show respect, compassion, care by listening/acknowledging views decisions.

Principle C – Provide a good standard of clinical care and practice

C5 Develop, apply and document a plan of care in full agreement with the patient.

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. You must also take into consideration a patient's capacity to understand.

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.

F3 Involve other healthcare professionals in discussions on patient care, with the patient's consent, if this means the patient's health needs will be met more effectively.

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.

G3 Recognise and work within the limits of your own knowledge, skills and competence.

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