## **CPD EVENT RECORD**

## **Case-Based Discussion**



Two cases were discussed. In one, a 66y/o man with a hisstory of cluster headaches which had resolved following occipital nerve-block injection. When the symptoms returned after lengthy remission, it was found that the sternocleidomastoid was the primary culprit. This was treated (with lidocaine) and the problem appears to be resolved. The anatomical connection, especially the neurological component, was explored in detail and the role of dry needling covered. An example was given of a 12-year-old boy who had a 7-year history of severe headaches experiencing total relief after one session, in which SCM was needled.

The second case was a man who suffered cluster headaches with associated Horner's syndrome. He was in a high-pressure job and, although the practitioner used soft tissue techniques, the primary requirement appeared to be the need for emotional release. The psychological aspects of headache were discussed.



**Evaluation, Reflection and Impact on Practice** (this part of the certificate is **not** automatically generated - it has been entered by the participant)

This was a very helpful reminder of the connection between SCM and headache. It has emphasised the utility of treating this muscle, and may well help my future patients, including some with chronic problems. It was also useful to consider the psychological component in cases such as this.