

Bodies in Motion

TOTAL HEALTH CENTER NEWS LETTER

“Expert Care with Caring Hands”

Volume 8

Total Health Center is a full service physical/occupational therapy clinic where expert patient care is our first priority. We treat a full range of orthopedic and neurologic conditions. Our clinic has therapists with advanced training and specialist certifications. Our goal is to help you, the patient, reach your full potential.

Oh My Aching Head

Millions of Americans suffer from regular headaches. There are many categories of headaches including migraine, tension, cluster, and cervical headaches. There is diagnostic criteria to help to differentiate these headaches but because of symptom overlap and common features, diagnosis can be difficult. This article will focus on cervicogenic headaches as they account for 80% of all headaches.

Cervical headaches typically have common characteristics including:

1. Females more commonly affected than males (up to 3:1 ratio except in women over 60 years old)
2. Occipital and suboccipital pain with radiation to the frontal and retro-orbital regions
3. Aching pain most common, with occasional shooting or stabbing
4. Vascular or sympathetic symptoms common
5. Onset usually associated with sustained neck flexion, tension, or neck pain and motion.
6. Patients often wake with pain
7. Frequently chronic
8. Trauma related about 40-50% of the time
9. Standard radiographs are usually considered normal
10. Joint dysfunction is usually demonstrated by craniovertebral biomechanical joint examination
11. Symptoms have a strong tendency to be unilateral with no changing of sides.

Cervical headaches are differentiated from migraine by 3 criteria: 1. Tender neck muscles, 2. More than 5-15 less severe headaches/month, 3. Relief of head pain with occipital nerve blockade. Classical migraines can take many forms but are typically unilateral, throbbing and severe. They are often associated with blurred vision, tinnitus (ringing in the ears), diminished hearing, facial or limb paresthesia, taste or smell disturbances, vertigo, nausea, difficulty speaking, difficulty swallowing, and more. The most common are visual symptoms.

With cervical headaches, patients generally complain of months to several years of symptoms from adolescence to the mid-fifties. Trauma to the cervical spine and degenerative joint disease are commonly reported. Onset may also be insidious, and the patient may have difficulty relating the headache to any particular incident. In such cases, it is believed an accumulation of microtrauma to the cervical spine from poor postural habits, work postures, and movement patterns could be causative factors. Poor postural habits can lead to abnormal stresses in the neck and upper back. In particular, forward head posture affects the biomechanics of the head and neck region, putting greater stress on the muscles that function as stabilizers of the head. If the forward head posture is maintained, it becomes fixed through adaptive shortening in the upper cervical joints, muscular and myofascial structures. In one study, 51% of patients associated headaches with particular sustained neck flexion postures such as reading, studying, typing or driving a car.

Anatomically, the upper 3 cervical vertebral levels are most commonly implicated in



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Healthy Recipe of the Month

Quinoa with roasted garlic, tomatoes and spinach

1 whole garlic head
1 Tbsp olive oil
1 Tbsp finely chopped shallots
¼ tsp crushed red pepper
½ cup uncooked quinoa, rinsed and drained
1 Tbsp dry white wine
1 cup fat-free less-sodium chicken broth
½ cup baby spinach leaves

1 small chopped seeded tomato
1 Tbsp shaved parmesan
½ tsp salt

Preheat oven to 350°
Remove papery skin from garlic head. Cut garlic head in half cross-wise, breaking apart to separate whole cloves. Wrap half of head in foil; reserve remaining half for another use. Bake at 350° for 1 hour: cool 10 min.

headache pain. There is commonly a degree of limited joint motion in one or more of these joints. Dysfunction in this region can include muscular and neural structures as well. A physical therapist will address the issues identified during the evaluation process including faulty postural patterns, impaired joint mobility in the cervical spine, weakness and tightness in supportive musculature and myofascial restrictions. Modalities are also available and include heat, ultrasound, massage and cervical traction. The reinforcement of postural maintenance is very important in relieving strain on the joints and soft tissue structures.

Stretching and exercise should address the whole upper quadrant. Stretching should focus on the posterior neck superficial and deep muscles. Strengthening should focus on postural stabilizers particularly in the upper back, and the deep cervical flexors. Weakness in the deep cervical flexors (muscles on the front of the neck) has been implicated frequently in headache patients. A well balanced home program should be done at least twice a day.

It is important to wean off all caffeine including coffee, tea, cola, Excedrin etc. Caffeine tends to amplify pain sensation. Patients often awake with pain when the effect of caffeine wears off and have rebound headaches.

A well balanced physical therapy program can eliminate or significantly decrease headache pain. Many "migraines" are simply mis-diagnosed cervical headaches and may respond well to treatment.

Exercise of the Month

Upper cervical flexion stretch

Tuck your chin as if making a double chin
Keep your chin tucked as you bend your head forward
Give yourself gentle over pressure using your hand
Hold the stretch for 30-60 seconds.



Separate cloves; squeeze to extract garlic pulp. Discard skins.

Heat oil in a saucepan over medium heat. Add shallots and red pepper to pan; cook 1 minute. Add quinoa to pan; cook 2 minutes, stirring constantly. Add wine; cook until liquid is absorbed, stirring constantly. Add broth; bring to a boil. Cover, reduce heat, and simmer 15 min. Remove from heat; stir in garlic pulp, spinach, tomato, cheese, and salt.

130 cal, 5g fat, 4.1 g protein, 16.6 g carbs, 1.8 g fiber, 1 mg cholesterol, 1.7 mg iron, 305 mg sodium, 49 mg calcium

Patient Testimonials

Best PT- Health center in the area- Bonnie

I really like that everyone knows my plan and that I can go from one PT to another if necessary. – Diana

What a wonderful experience I've had as I recover from hip replacement! I trust the therapists to provide excellent treatment and feel confident that I can follow my home exercise program. Susan