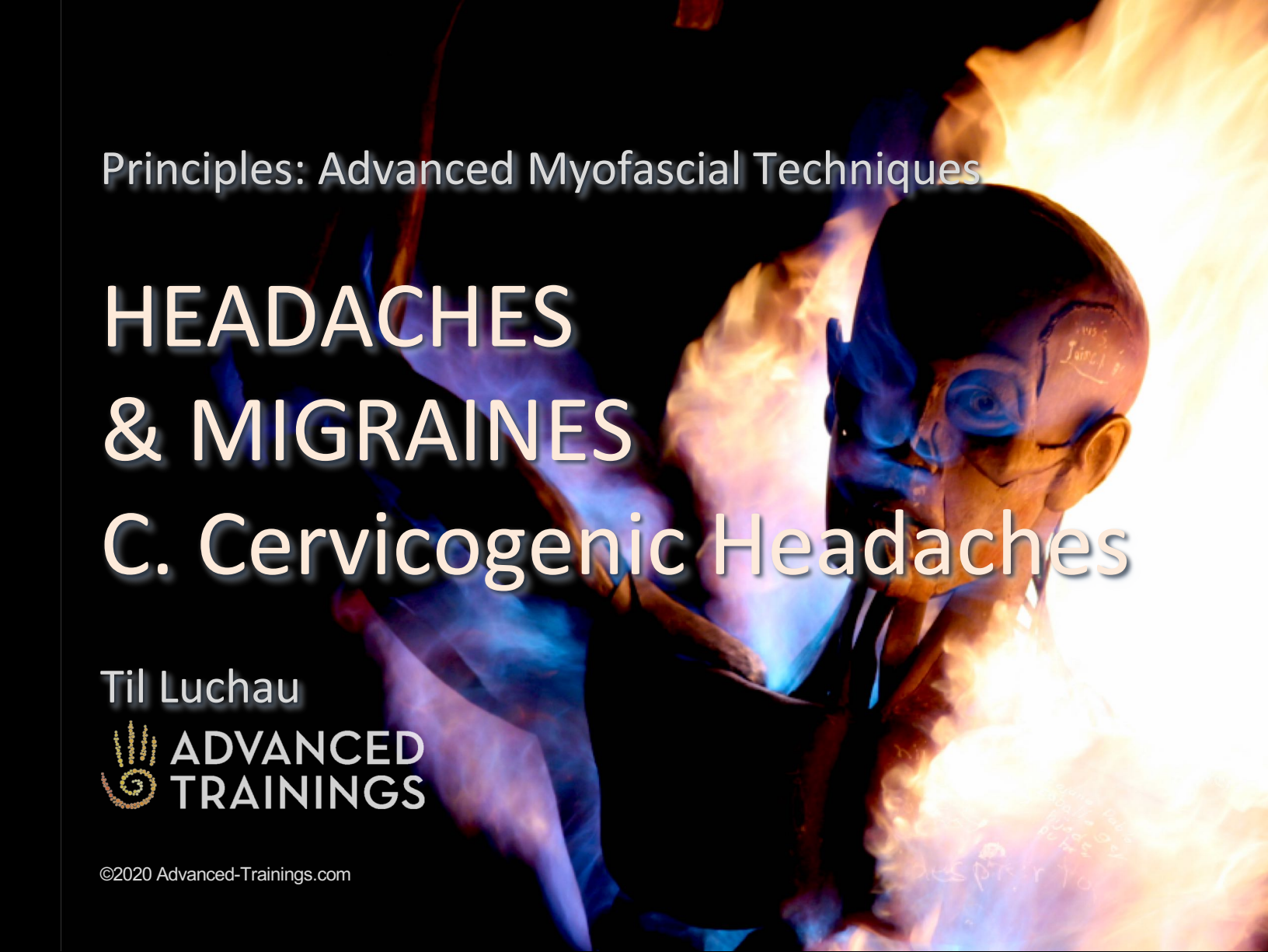




Principles: Advanced Myofascial Techniques

HEADACHES & MIGRAINES

C. Cervicogenic Headaches

Til Luchau



ADVANCED
TRAININGS

USEFUL INFO & LINKS

Principles: Headaches & Migraines Live-Online Course

Lecture Link (via Zoom)

<https://bit.ly/headaches-principles-zoom>

Or by phone +1 253 215 8782 US

Meeting ID: 859 2847 9590

Password: 226680494

Lecture Schedule

Three Live 90min Lectures:

Wednesdays Nov 18, Dec 2, & Dec 16, 2020

(Thu/1 date later in Australia/NZ/Japan)

Each live lecture is repeated twice each day:

11am or 4pm PT / 2pm or 7pm ET

...plus Small Groups and Study Pod meetings as arranged.

Advanced-Trainings.com Office:

info@advanced-trainings.com

Tel/SMS/WhatsApp: +1 303 499 8811

A-T Faculty contact info (send in your Small Group questions 1 day prior):

<https://a-t.tv/headaches-principles-live-online/#faculty>

Course Navigator (your videos, handouts, quiz, and progress)

<https://a-t.tv/courses/headaches-principles/>

Private Forum (all links, schedules, announcements)

<https://www.facebook.com/groups/headaches.principles/>



Lecture (Zoom)



Course Navigator
(login required)



Forum

Quiz Preview:

'C' Sequence

- What are the typical characteristics of cervicogenic headaches?
- In the 'SCM: Lateral Glide' technique (XD-15), what layer or structure are we feeling for?
- In the 'Flexion-Rotation Test' (E-03), why is the neck flexed?
- In this version of the 'Flexion-Rotation Test' (E-03), what's our goal?
- What kind of movement does the 'Cervical Translation III: A/O' technique (XD-16) use?

Vista previa del cuestionario:

Sequencia 'C'

- ¿Cuáles son las características típicas de las cefaleas cervicogénicas?
- En la técnica 'ECM: deslizamiento lateral' (XD-15), ¿qué capa o estructura buscamos?
- En la 'Prueba de flexión-rotación' (E-03), ¿por qué se flexiona el cuello?
- En esta versión de la 'Prueba de flexión-rotación' (E-03), ¿cuál es nuestro objetivo?
- ¿Qué tipo de movimiento utiliza la técnica de 'Traslación Cervical III: A/O' (XD-16)?

SECUENCIA CERVICOGÉNICA

Intenciones / Metas:

- Evaluar y 1. y cualquier 2. o restricción en la movilidad de la 3. relacionada con el dolor de cabeza.

Indicaciones:

- Dolores de cabeza, especialmente 4. ;
- Dolor o restricción de movimiento de cuello 5. .

CERVICOGENIC SEQUENCE

Intentions / Goals:

- Assess and 1. _____ any 2. _____ or mobility restrictions of the 3. _____ related to headache pain.

Indications:

- Headaches, especially 4. _____ ;
- 5. _____ cervical pain or movement restriction.

	1. _____ Headaches	13. _____ Headaches	Migraines & 2. _____ Headaches
TYPICAL PAIN LOCATION	3. _____	14. _____ to any neck pain	4. _____; side can shift
ASSOCIATED SYMPTOMS	Not typical (unless 5. _____)	Often: • decreased/painful 15. _____ • Occasionally, 16. _____ symptoms (usually less severe)	One or more of: • 6. _____; • light/sound sensitivity; • visual disturbance • paresthesia
PAIN DESCRIPTION	Dull; 7. _____	Aching; often starts in 17. _____	8. _____; stabbing
FEMALE:MALE	9. _____	18. _____	10. _____
MANUAL THERAPY WITH NECK:	11. _____ improve symptoms	19. _____ improves symptoms	Can improve; but sometimes 12. _____ symptoms

	Cefaleas 1. _____	Dolores de cabeza 13. _____	Migrañas y dolores de cabeza 2. _____
UBICACIÓN TÍPICA DEL DOLOR	3. _____	14. _____ a cualquier dolor de cuello	4. _____; el lado puede cambiar
SÍNTOMAS ASOCIADOS	No típica (a menos que están 5. _____)	A menudo: • movimiento del 15. _____ disminuido / doloroso • Ocasionalmente, síntomas similares a la 16. _____ (generalmente menos severos)	Uno o más de: • 6. _____; • sensibilidad a la luz / sonido; • disturbio visual • parestesia
DESCRIPCIÓN DEL DOLOR	Sordo; 7. _____	Adolorido; a menudo comienza en 17. _____	8. _____; pulsante
MUJER:HOMBRE	9. _____	18. _____	10. _____
TERAPIA MANUAL CON CUELLO:	11. _____ mejorar síntomas	19. Suele mejorar los síntomas	Puede mejorar; pero a veces 12. _____ síntomas

Transversospinalis: Lateral

E-02

Transversospinalis: Lateral

Transversospinalis: lateral

P,D



Instructions / Intentions / Feel or Watch For

With client in side-lying, check for sensitivity and layer mobility of:

1. skin and superficial fascia;
2. deep fascia;
3. transversospinalis and posterior neck structures.

Movements / Cues:

Active neck flexion, extension, side bending, rotation.
Arm abduction

Notes:

Indicated for tension and cervicogenic headaches; cold whiplash; etc

SCM: Lateral Glide

XD-15

SCM: Seitliches Gleiten

ECM: deslizamiento lateral

D



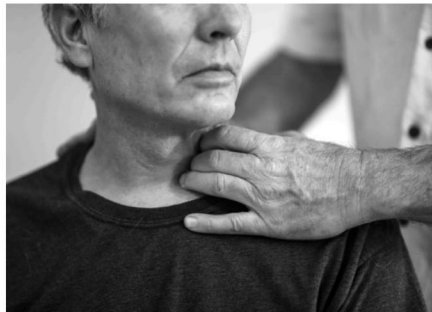
Instructions / Intentions / Feel or Watch For:

Gently encourage lateral differentiation and glide of sternocleidomastoid (SCM).

Indicated for cervicogenic headaches.

Movements / Cues:

Slow, delicate neck rotation.



Notes:

Client can be supine, side lying (upper photo), or upright (lower photo).

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Adv. Myo. Techs: Headaches

Flexion-Rotation Test

E-03

Flexions-Rotations-Test

Prueba de flexión-rotación

I,D



Instructions / Intentions / Feel or Watch For:

1. Check for sensitive/painful craniocervical rotation, with neck flexed to at least 45° (to isolate cervical rotation at C1/C2).
2. Ask about sensitivity, headache provocation/relief etc.
3. Titrate; encourage breathing, relaxation.
4. Wait until sensation normalizes; recheck; repeat at C2, C3, etc.

Use thumb of one hand and fingers of other hand if C1 is too wide to allow one-handed grip.

Movements / Cues:

Variations:

- Client seated (Dial Test III, XD-17)
- Indirect release (gently encourage into direction of *greater ease*).
- Resisted active rotation into direction of painful or diminished rotation.

Headache pain provocation and/or relief with this technique are characteristics of cervicogenic headaches (Hall et al 2010).

Notes:

Legacy interpretation: C1 would be said to be "rotated" on C2 in same direction as greater head rotation.

Compare to "Dial Test and Release: C1 on C2" technique in the "AMT: Neck, Jaw & Head" and training, where the focus is on mobility restrictions vs. sensitivity.

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Adv. Myo. Techs: Neck

Isolated Cervical Circumduction

E-04

Isolierte Zirkumduktion der Halswirbel

Circundicción cervical aislada

D



Instructions / Intentions / Feel or Watch For

Starting with C7, anchor a single cervical vertebra by holding spinous process.

Passively circumduct neck, monitoring for sensitivity, headache relevance.

Repeat at each level of the neck.

Movements / Cues:



Notes:

Compare to the version of this technique in the “AMT: Neck, Jaw & Head” training (N.XA-03), where the focus is on mobility restrictions vs. sensitivity.

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Adv. Myo. Techs: Neck

Cervical Translation III: A/O

XD-16

Translation der Wirbel III

Desplazamiento cervical III: A / O

D,I



Instructions / Intentions / Feel or Watch For:

Lateral translation of occiput on C1, assessing for sensitivity.

Side bend around "wedge" on condyle(s) in restricted, pain-provoking, or pain-relieving direction.

Movements / Cues:



Notes:

Variations: check in slight flexion, and in slight extension; repeat.

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Adv. Myo. Techs: Headaches

Dial Test III

Zifferblatt-Test III

Prueba y liberación III

XD-17

P,D,I



Instructions / Intentions / Feel or Watch For:

Neck flexed 45° to focus movement at C1-C2; check for:

1. Headache provocation or relief;
2. Layer differentiation and glide;
3. Range or mobility differences left/right.

Movements / Cues:

Slump or arch spine;
Rotate arms;
etc.



Notes:

Spinal slump or extension variations will change neural tension on spinal cord and nerve roots.

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Adv. Myo. Techs: Headaches

Maxilla: Shear

XD-11

Maxilla: Scherung

Maxilar: cizallamiento

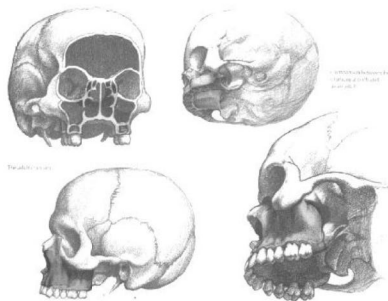
D



Instructions / Intentions / Feel or Watch For:

With gentle grip , feel for subtle lateral motility ("shear") of Maxilla in relation to skull.

Movements / Cues:



Notes:

Adapted from Bill Smythe.

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Adv. Myo. Techs: Headaches

Standing Masseter Release

XD-13

Lösen der Masseter im Stehen

D,I

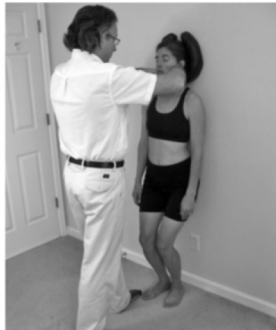


Instructions / Intentions / Feel or Watch For

Client bends and straightens knees, while releasing jaw.

Movements / Cues:

"As the top of your head moves upwards, leave your jaw behind."



Notes:

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Adv. Myo. Techs: TMJ/Headaches

Eyes/Sub-Occipital Technique

XD-14

Augen / subokzipitale Technik

Técnica de los ojos / suboccipitales

D,I



Instructions / Intentions / Feel or Watch For

Movements / Cues:

Notes:

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Adv. Myo. Techs: TMJ/Headaches

Cervicogenic Headache Protocol

- Assess for movements, positions and places of headache 1. _____.
- Look for direction, layer, or pressure that relieves or (gently) 2. _____ headache pain.
- Encourage client to breathe; 3. _____.

Protocolo de dolor de cabeza cervicogénico

- Evalúe los movimientos, posiciones y lugares de 1. _____ de dolor de cabeza.
- Busque la ubicación, capa o presión que alivie o (suavemente) 2. _____ el dolor de cabeza.
- Motive al cliente a que le respire; 3. _____.

Worrisome Headache Red Flags—“SNOOP”

- **S** _____ symptoms such as fever or weight loss; or, risk factors such as HIV or systemic cancer
- **N** _____ symptoms or abnormal signs such as confusion, impaired alertness, papilledema, asymmetry, motor weakness, nuchal rigidity, visual disturbance other than aura, dysphasia
- **O** _____: Sudden, abrupt, split-second, seconds to minutes, rapid onset of headache
- **O** _____: New headache onset in an older patient or a progressively worsening headache in a middle-aged patient (>50 years of age)
- **P** _____ pattern of previous headache history—A major change in attack frequency, severity, or clinical features; a first headache or different headache unlike any experienced before

Señales de alarma preocupantes sobre el dolor de cabeza: "SNOOP"

- **S**íntomas secundarios s_____ como fiebre o pérdida de peso o factores de riesgo como VIH o cáncer sistémico
- Síntomas **N**_____ o signos anormales como confusión, alteración del estado de alerta, edema de papila, asimetría, debilidad motora, rigidez de nuca, alteraciones visuales distintas del aura, disfasia
- **O**_____: Inicio repentino, abrupto, en fracciones de segundo, segundos a minutos, inicio rápido de dolor de Cabeza
- **O**_____: Ancianos Inicio nuevo de dolor de cabeza en un paciente mayor o dolor de cabeza que empeora progresivamente en un paciente de mediana edad (> 50 años de edad)
- **P**atrón de p_____: Historial previo de cefalea: un cambio importante en la frecuencia, gravedad o características clínicas de los ataques; un primer dolor de cabeza o un dolor de cabeza diferente a los experimentados antes

ANSWER KEYS / CLAVES DE RESPUESTA

COMPARED

- | | | |
|---------------|---------------------------------|---------------|
| 1. Tension | 13. Cervicogenic | 2. Neurogenic |
| 3. Bilateral | 14. Ipsilateral | 4. Unilateral |
| 5. Co-mingled | 15. neck ROM, 16. migraine-like | 6. Nausea |
| 7. Squeezing | 17. neck | 8. Throbbing |
| 9. 60:40 | 18. 50:50 | 10. 75:25 |
| 11. Can | 19. Usually | 12. Worsens |

E. CERVICOGENIC HEADACHE SEQUENCE

Goals:

- Assess and 1. normalize any 2. sensitivity or mobility restrictions of the 3. cervical spine related to headache pain.

Indications:

- Headaches, especially 4. cervicogenic;
- 5. Upper cervical pain or movement restriction.

CERVICOGENIC HEADACHE PROTOCOL

- sensitivity
- provokes
- relax

SNOOP

- Systemic
- Neurologic
- Onset
- Older
- Progression

COMPARADO

- | | | |
|--------------|---------------------------------|----------------|
| 1. Tensional | 13. Cervicogenic | 2. Neurogénico |
| 3. Bilateral | 14. Ipsilateral | 4. Unilateral |
| 5. Mezclado | 15. neck ROM, 16. migraine-like | 6. Náuseas |
| 7. Apretando | 17. cuello | 8. Punzante |
| 9. 60:40 | 18. 50:50 | 10. 75:25 |
| 11. Poder | 19. Suele | 12. Empeora |

E. SECUENCIA DE DOLOR DE CABEZA CERVICOGÉNICO

Metas:

- Evaluar y 1. normalizar cualquier 2. sensibilidad o restricción en la movilidad de la 3. columna cervical relacionada con el dolor de cabeza.

Indicaciones:

- Dolores de cabeza, especialmente 4. cervicogénicos;
- Dolor o restricción de movimiento de cuello 5. superior.

PROTOCOLO DE DOLOR DE CABEZA CERVICOGÉNICO

- sensibilidad
- provoque
- se relaje

SNOOP

- síntomas
- neurologic
- Onset
- Older
- progresion

Home-Study

Visit Your Course Navigator:

- For recommended readings, technique videos, and required documentation.

Schedule:

1. Small Group meeting via link in email or forum, available after lecture
2. Study Pod meeting with your pod colleagues

Practice:



Invent, practice, and teach someone else a self-stretch, yoga asana, mobilization, or dance move based on one (or more) of this sequence's techniques. Use your study pod, small group, or the forum for ideas and sharing.



Practice the sequence's techniques on a client or partner, following along the video or the booklet. Ask for feedback along the way. (COVID considerations: optional, if you aren't seeing hands-on clients/patients. Be sure to complete the 'Invent' step above instead.)



Note specific highlights, challenges, and questions to bring to your Small Group, study pod or supervision discussions.

Deadline: all required items (including any missed-group work) are due within 2 weeks of final course lecture.

Estudiar en casa

Visite su navegador del curso:

- Para obtener lecturas recomendadas, videos de técnicas y documentación requerida.

Programar:

1. Reunión de grupos pequeños a través de un enlace en el correo electrónico o foro, disponible después de la conferencia
2. Reunión de grupo de estudio con sus colegas de grupo

Practica:



Invente, practique y enséñele a otra persona un auto-estiramiento, asana de yoga, movilización o movimiento de baile basado en una (o más) de las técnicas de esta secuencia. Utilice su módulo de estudio, su grupo pequeño o el foro para obtener ideas y compartir.



Practique las técnicas de la secuencia con un cliente o compañero, siguiendo el video o el folleto. Solicite comentarios a lo largo del camino. (Consideraciones de COVID: opcional, si no está viendo clientes / pacientes. Asegúrese de completar el paso anterior; "Inventar").



Anote los aspectos destacados, los desafíos y las preguntas específicos para llevar a su grupo pequeño, grupo de estudio o discusiones de supervisión.

Fecha límite: todos los trabajos requeridos (incluyendo cualquier trabajo de grupo perdido) deben entregarse dentro de las 2 semanas luego de la lectura final del curso.