

## Differential diagnosis of headaches

| Red Flags                                                                                                                                                                                                                                                                   | Your actions                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> New headache after age 50<br><input type="checkbox"/> Very sudden onset headache<br><input type="checkbox"/> Headache with signs of total body illness (fever, stiff neck, rash)<br><input type="checkbox"/> Severe headache following head trauma | 1. Question the client in detail about the progressive deterioration of client's general condition over the last couple of days<br>2. Monitor the client's condition.<br>3. Advise to see a family doctor. |

**Do you have any chronic diseases that are associated with headaches?** ☐Yes / ☐No

If YES which ones exactly? \_\_\_\_\_

Check the connection between the disease and headache. If the underlying disease worsens, then the headache worsens too.

1. Ask questions from the left table, mark the checkboxes with the correct answers. 2. Transfer the answers to the right table - column A. Then check the additional characteristics, marking the YES column if the characteristic is present and NO if it is absent.

|                                                                   |                                                                                                                     |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Is the pain typically located unilaterally, bilaterally, or both? | <input type="checkbox"/> UL – M and C<br><input type="checkbox"/> BL – T<br><input type="checkbox"/> Both UL+BL – M |
| Is the pain usually noticeably pulsating?                         | <input type="checkbox"/> Pulsating – M<br><input type="checkbox"/> Non Puls – T and C                               |
| Do you have nausea and vomiting during pain attacks?              | <input type="checkbox"/> Nausea/Womit - M<br><input type="checkbox"/> No Nausea/Womit - T and C                     |
| Does physical activity make pain worse or not?                    | <input type="checkbox"/> Aggravate - M<br><input type="checkbox"/> No changes – T and C                             |

| A                                | YES                                                 | NO                       |
|----------------------------------|-----------------------------------------------------|--------------------------|
| <input type="checkbox"/> TENSION | <input type="checkbox"/> No Family                  | <input type="checkbox"/> |
| <input type="checkbox"/> HA      | <input type="checkbox"/> Radiating Pain – neck/back | <input type="checkbox"/> |
| <input type="checkbox"/> T       | <input type="checkbox"/> Scalp tenderness           | <input type="checkbox"/> |
| <input type="checkbox"/>         | <input type="checkbox"/> Stress related             | <input type="checkbox"/> |
|                                  | <input type="checkbox"/> Mild – Moderate intens.    | <input type="checkbox"/> |

|                                   |                                                      |                          |
|-----------------------------------|------------------------------------------------------|--------------------------|
| <input type="checkbox"/> MIGRAINE | <input type="checkbox"/> Aura                        | <input type="checkbox"/> |
| <input type="checkbox"/>          | <input type="checkbox"/> Photophobia/Sound/Smell     | <input type="checkbox"/> |
| <input type="checkbox"/> M        | <input type="checkbox"/> Fatigue/Depression/Tinnitus | <input type="checkbox"/> |
| <input type="checkbox"/>          | <input type="checkbox"/> Family History              | <input type="checkbox"/> |
|                                   | <input type="checkbox"/> Prodrome/Postdrome          | <input type="checkbox"/> |

|                                  |                                                   |                          |
|----------------------------------|---------------------------------------------------|--------------------------|
| <input type="checkbox"/> CLUSTER | <input type="checkbox"/> No Family                | <input type="checkbox"/> |
| <input type="checkbox"/> HA      | <input type="checkbox"/> Loc: Eye                 | <input type="checkbox"/> |
| <input type="checkbox"/>         | <input type="checkbox"/> Tears/Runny Nose         | <input type="checkbox"/> |
| <input type="checkbox"/> C       | <input type="checkbox"/> Burn,stab, drilly        | <input type="checkbox"/> |
|                                  | <input type="checkbox"/> Dur:short but in series. | <input type="checkbox"/> |

The more NO answers, the lower the probability of this HA type

If you cannot identify one type of HA, consider the two that are most suitable. Ask the client about existing diagnoses.

## Your actions and recommendations depending on the identified dominant types of HA

### For all types of HA

- Ask if HA is being adequately treated.
- In cases of doubt about the adequacy of treatment, recommend doctor's assessment.
- Ask how massage affects HA (you need to figure out what manipulations aggravate HA).
- Ask if the prone position is tolerated?
- Ask if there is pain right now? How bad?

### For specific types of HA

| HA type    | Your actions                                                                                                                                                                         |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TENSION HA | Find tense muscles in the neck and back. Work on relaxing them.<br>Neck and Shoulder ROM, Joint play and Stretching<br>Scalp work<br>Stress relives technics<br>Water                |
| MIGRAINE   | Ask what manipulations help<br>Relaxation, Relaxation, Relaxation, Relaxation!!! Hydro, Hot Stones, warm towels<br>and so on (Ask if OK).<br>Recommend: Active Lifestyle + Exercises |
| CLUSTER HA | No specific treatment.<br>Ask what manipulations help<br>Relaxation technics                                                                                                         |