Background and Purpose

Neurological disorders are the 8th leading cause of healthcare spend in the United States. Of these, headache disorders have been identified as the 3rd leading cause of disability worldwide and only two-thirds of patients are correctly diagnosed. This case highlights the care pathway of a patient with cervicogenic headaches, the resulting healthcare utilization, and cost associated with chiropractic care.

Case Description

A 15-year-old female presented with a new onset of uninterrupted headaches over the previous 3 months with associated visual disturbances, nausea, and dizziness. Her symptoms were aggravated by coughing, transitioning from a flexed to an upright posture, and golfing. Prior to establishing chiropractic care she received management from 5 different providers and received advanced imaging. A chart review identified that physical exams by the various providers did not include palpation. Chiropractic care was established after receiving a recommendation that she could try chiropractic care or acupuncture by her headache specialist. Active treatment occurred over 3 visits at 1-week intervals.

Intervention/Approach

Care was guided by the finding of active trigger points at the suboccipital muscles bilaterally which referred along the patient’s headache distribution and the finding of coordinate hypomobility at the C3 vertebral segments during palpation of the cervical spine and surrounding musculature. Treatment consisted of myofascial release techniques targeting the suboccipital muscles, cervical spinal manipulation of the upper cervical spine, and a home exercise plan consisting of suboccipital muscle stretching to be done daily.

Outcomes

Over the span of 3 visits at 1-week intervals, her 11-point Likert Numerical Pain Rating Scale scores decreased from 6/10 to 0/10, Defense and Veterans Pain Rating Scale Supplemental Questions scores decreased from 13/40 to 0/40, and she had a full return to golfing without symptoms. 3-weeks after discharge she returned for a wellness follow-up and reported that she had continued to be symptom free during this time.

Discussion/Conclusion

It is well-established that there is a reduction in healthcare utilization and spend when patients establish care with chiropractors or physical therapist first for low back pain complaints. However, there is insufficient data available for headaches. This case demonstrates the potential for reducing healthcare utilization and spend by establishing chiropractic care early in the management pathway for headaches and further research is warranted to investigate this.