Headache, orofacial pain and bruxism


This textbook primarily offers clinicians a multidisciplinary approach to the diagnosis and management of headache. Because fewer chapters are devoted to the diagnosis and management of orofacial pain and bruxism, this appears to be a secondary but related focus taken by the book’s editors. Contributors from the medical and dental field include neurosurgeons, neurologists, anaesthetists, general practitioners, oral surgeons, specialist dental practitioners, and psychiatrists. At least 10 chapters feature contributions from physiotherapists, including three specialist musculoskeletal physiotherapists, as well as those with expertise in areas including vestibular rehabilitation, Feldenkrais, dry needling, and myofacial pain. Finally, other health professionals with contributions include chiropractors, osteopaths, and psychologists. This book therefore would be one of the only texts to offer physiotherapists a truly multidisciplinary insight into the diagnosis and management of headache.

The book’s editors are specialist and masters-qualified musculoskeletal physiotherapists. In their Preface, they inform the reader that the approach taken is to combine evidence based on clinical experience with research evidence, arguing that this better informs clinical practice as well as inspiring future research. The type of evidence provided therefore varies between chapters and the reader will need to be mindful of this when interpreting the conclusions made in each chapter.

The first section of the book consists of 13 chapters and focuses on differential diagnosis, primarily for headache. This section begins with a triage approach, emphasising headache types that are serious and require emergency management. The chapter on migraine gives a concise summary of the medical management in terms of acute attacks and prophylaxis. Separate chapters are devoted to headaches in children, ENT causes of orofacial pain, and ocular causes of headache.

Cervicogenic headache features in several chapters in the first section and would be of interest to physiotherapists. Chapter 5 discusses the detailed anatomy and neurophysiology of cervicogenic headache with a focus on injection-based diagnosis and radiofrequency neurotomy. In Chapters 8 and 9, musculoskeletal physiotherapists discuss differential diagnosis of cervicogenic with temporomandibular headache as well as the role of central nervous system processing. These chapters are comprehensively referenced and helpful for clinicians in terms of considering contributory mechanisms to the headaches they assess. The first section concludes with a chapter on the measurement of headache. Again, this final chapter is useful for physiotherapists who are increasingly required to determine the effect of their treatment by clinically meaningful and objective measures.

The second section of the book (nine chapters) is devoted to approaches to management. This section begins with two chapters discussing the physiotherapy management of cervicogenic headache, summarising the evidence related to common impairments found in cervicogenic headache, in the articular, motor, and sensorimotor systems. It concludes that these impairments seem increasingly to be associated with cervicogenic headache compared with other headache classifications. The second of these chapters summarises how treatment approaches should be aimed at the assessed impairments. The evidence for each treatment approach is outlined. Chiropractic and osteopathic approaches to management follow in the next two chapters. It should be noted that conclusions for management are drawn from hypothesised mechanisms rather than a strong research base of their efficacy. The section concludes with psychological and psychiatric management approaches.

The final section (five chapters) discusses specific treatment techniques including myofacial trigger point treatment, dry needling and acupuncture, Feldenkrais, botox, and neurosurgery. It is unclear why the editors chose to separate these techniques from others included in the management section outlined above. The chapters on myofacial trigger points, dry needling, and Feldenkrais focus on the history of the techniques and their development, their proposed neurophysiologic mechanisms, and information about how to apply these approaches. The research base for these techniques is drawn largely from neurophysiologic research and/or their effect on other conditions, rather than presenting evidence derived from clinical trials on headache or orofacial pain syndromes. The botox and neurosurgical chapters outline the headache and orofacial pain conditions for which either technique would be indicated. This section therefore exposes the reader to alternate techniques for the management of headache and orofacial pain that may not previously have been considered.

This text would be an important resource for clinical physiotherapists managing headache and orofacial pain in their daily practice. It addresses differential diagnosis comprehensively and is the only textbook I am aware of that truly focuses on a multidisciplinary assessment, with contributions from specialists in relevant medical, surgical, and allied health disciplines. In addition, it is one of the only textbooks that cover a comprehensive range of approaches to headache management. This includes techniques that have a strong scientific evidence base as well as treatments that have emerging evidence to support effectiveness. By reading this text, physiotherapists will be better informed on how to assess and manage headache and orofacial pain and also to advise patients about the relative merits and the amount and kind of evidence supporting various management approaches.

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