



Introduction by the Series Editor

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With a lifetime prevalence of 93 % in men and 99 % in women, headaches are undeniably an extremely common problem (Saper et al., 1999). This book discusses two of the more common causes of headache: tension-type and cervicogenic headache. With a prevalence of over 70 % reported in some populations, episodic tension-type headache (TTH) is the most common of all headache types; chronic TTH is found in 1 % to 3 % of the general population (World Health Organization [WHO], 2008). Approximately 78 % of adults will experience TTH at least once in their lives (National Headache Foundation, 2008). Less prevalent, cervicogenic headache (CeH) has still been reported to affect 0.4 % to 2.5 % of the general population. However, its prevalence may be as high as 15 % to 20 % in those with chronic headaches (Haldeman & Dagenais, 2001). The societal impact of TTH is significant: a large, population-based U.S. study reported that 8.3 % of patients with episodic TTH lost an average of 8.9 workdays and that 11.8 % of patients with chronic TTH lost an average of 27.4 workdays (Schwartz et al., 1998). Of patients with TTH, 60 % experience limitations in social activities and work capacity (WHO, 2000). At present, data on the societal impact of CeH are not available.

Headache is also a common reason for many patients to seek medical care. In a survey of neurologists, headache was identified as the leading cause for consultation (WHO, 2008). No data are available on the

prevalence of headache as a cause for physical therapy management, but Boissonnault (1999) reported headache as a comorbidity in 22 % of 2,433 patients presenting for outpatient physical and occupational therapy. However, at the same time, population-based studies show that a great many patients with headache disorders do not receive a correct diagnosis or effective management. The World Health Organization (2008) has identified a lack of knowledge among health-care providers as the principal clinical barrier to effective diagnosis and management. This text seeks to address this barrier with its in-depth discussion of both basic science and clinical aspects of the pathophysiology, diagnosis, and management of TTH and CeH.

Basic science information covered includes a discussion of the epidemiology of headache disorders, medical differential diagnosis, and the pathophysiology of TTH and CeH. Special attention is placed on the pivotal role of the trigeminocervical complex, where the convergence of cervical and trigeminal sensory pathways provides an explanation for the clinically observed bidirectional referral of painful sensations between the neck and the trigeminally innervated head and face region relevant not only to TTH and CeH but also to other headache types. Chapters on diagnosis cover history taking, posture assessment, and examination of cervical, thoracic, and temporomandibular joint and muscle function. Chapters on management include

discussion of thrust and nonthrust joint and soft-tissue manipulation techniques, therapeutic and postural exercise, dry needling, botulinum toxin injections, and psychological management. Throughout the book, the emphasis is on the conservative physical therapy management of patients with these two headache disorders. Although outside of the scope of physical therapy, the chapters on infiltration and psychological management emphasize implications for physical therapy management and serve to facilitate communication and cooperation between the physical therapist and other clinicians.

This book provides a current best evidence summary on the pathophysiology, diagnosis, and management of patients with TTH and CeH, integrating the most recent clinical research data with basic science knowledge.

Chapter authors hail from various countries in Europe, North America, and Australia, and readers thereby get access to research done in various countries that was often not previously accessible. With contributors to this text being acknowledged experts in the diagnosis and management of headache hailing from the fields of physical therapy and physical medicine and with the emphasis of this text on the conservative diagnosis and management of TTH and CeH, this text is not only unique but will deservedly find a ready audience among medical and nonmedical clinicians involved in the diagnosis and management of these types of patients, including, but likely not limited to, physical therapists, osteopaths, chiropractors, general practice physicians, neurologists, physical medicine specialists, and pain specialists.

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