



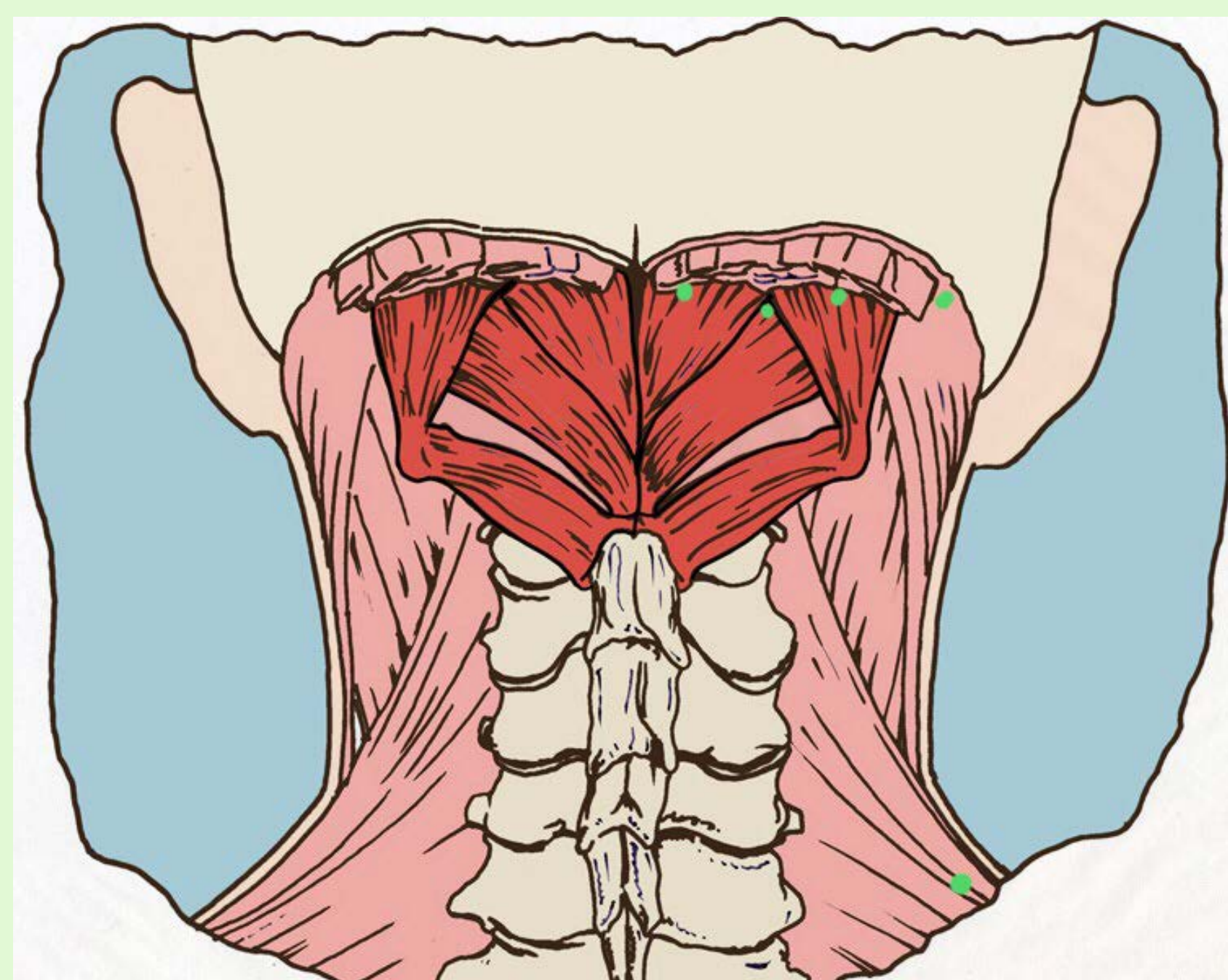
Combined Dry Needling and CCFT Biofeedback Training for a Fireman with a Two-Month History of Cervicogenic Headaches: A Case Report

Jared Commander, SPT and Jim Viti MHSc, DPT, MTC, OCS, FAAOMPT

BACKGROUND & PURPOSE:

Cervicogenic headaches are a prevalent and persistent complaint in the outpatient orthopedic setting. One study estimated that 15.6 percent of headaches in people who reported frequent headaches were cervicogenic in nature.¹ The same study also estimated that 1.7 percent of all headaches in the general population were cervicogenic in nature.¹

The purpose of this case report is to show that by combining the use of the CCFT as an exercise and trigger point dry needling, clinicians can effect significant improvement in their patients.

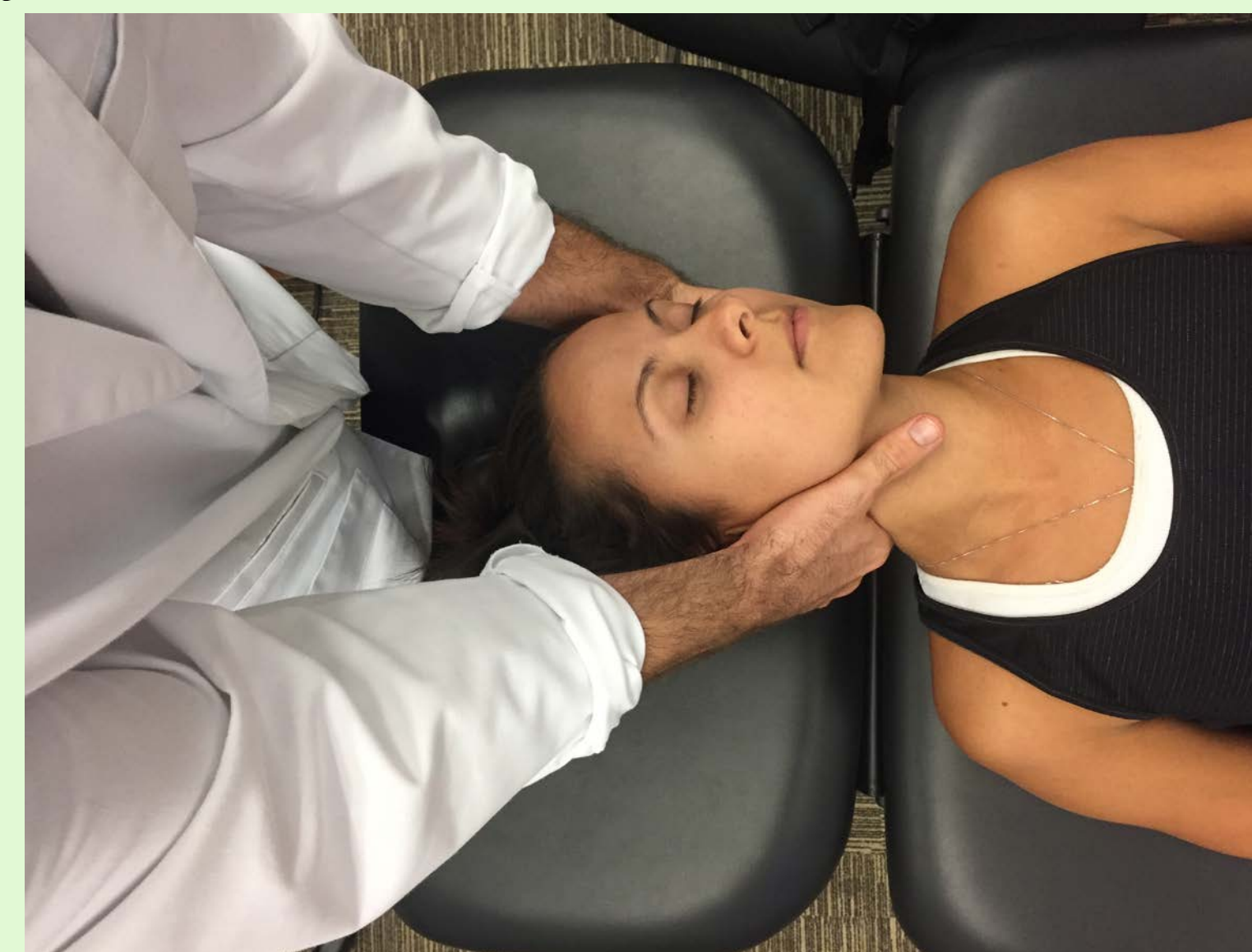


CASE DESCRIPTION:

The patient was a 37-year-old fire fighter with a two month history of neck pain and headaches. The patient presented for evaluation with 5/10 headache pain and 6/10 neck pain on the Visual Analog Scale (VAS). The patient could not activate 1 pressure level (2mmHg) on the CCFT upon examination.⁷

METHODS:

The patient received a comprehensive physical therapy plan of care consisting of therapeutic exercise, manual therapy (joint and soft tissue), CCF exercise, and dry needling.^{2,4,6} Dry Needling was administered to the patients R sub occipitals and R upper trapezius. The CCFT was administered as an exercise as outlined by Jull.^{7,17} The patients treatment was outlined in phases. Phase 1 included the CCFT with exercise and manual therapy. Phase 2 included CCFT, Dry Needling, Exercise, and Manual therapy. Phase 3 included CCFT, Exercise and Manual Therapy.



RESULTS:

	Upon Examination	3 weeks from SOC	Discharge
Headache Pain	5/10	3/10	1/10
Neck Pain	6/10	4/10	1/10
Raw NDI	14, 28%	13, 26%	12, 24%
CCFT Performance	Visible SCOM Contraction at First Pressure Levels	Performs 1 full set up and down pressure levels before SCOM involvement	Performs 2.5 sets up and down the pressure levels before SCOM involvement
Active Cervical Flexion	32 degrees	40 degrees	47 degrees
Active Cervical Extension	50 degrees	59 degrees	59 degrees
Active Cervical L Rot.	50 degrees	63 degrees	75 degrees
Active Cervical R Rot	41 degrees	48 degrees	71 degrees
Active Cervical L SB	25 degrees	31 degrees	40 degrees
Active Cervical R SB	35 degrees	46 degrees	46 degrees

CONCLUSION:



Success with this treatment protocol is a good indicator that the combination of dry needling and CCF exercise can improve outcomes in cervicogenic headache patients. More research is needed to assess how these two modalities interact.

REFERENCES

